

Please fill out this form completely.

Read First:

Use consistent naming for operatories. When you go back to test again, you want to use the same naming system for each operatory as before, which helps keep your documentation nice and tidy. We recommend keeping it simple by using the number naming system (i.e. Op 1, Op 2, Op 3, etc.)

Step 1: Practice Information

Practice Name: _____

Contact Name: _____

Practice Address: _____

Contact Title/Position: _____

City, State & Zip: _____

Contact Email: _____

Practice Number: _____

Compliance Officer Email: _____

Step 2: Waterline Maintenance Information

Using Water Bottles?

Yes No

Source Water:

- Municipal/Tap Water
- Bottled Spring
- Bottled Distilled
- Filter, Distiller, or R/O Unit

Specify: _____

Source Water:

- N/A
- Diluted Bleach Solution
- Liquid Ultra (Pink Stuff)
- Citrisil Shock
- Mint-A-Kleen
- Other _____

Last Shock Date: _____

Treatment Used:

- N/A
- Tablet
 - BluTab
 - ICX
 - Citrisil
- Other _____

Straw Install Date: _____

- N/A
- BluTube
- Sterisil V2
- DentaPure

- Central Systems
 - VistaClear
 - Sterisil G4
 - Sterisil G5

Step 3: Test Sample Information

Sample Date: _____

For Lab Use Only	Vial Number	Operatory Name/#	(Circle One) Pooled Sample, Device, or Source Water	(Circle One) Optional
	1		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	2		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	3		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	4		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	5		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	6		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	7		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	8		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	9		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	10		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	11		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	11		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	13		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	14		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	15		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side
	16		Pooled Sample • AW Syringe • Highspeed Handpiece • Slowspeed Handpiece • Scaler • Source Water	Dr. Side • Asst. Side

- R2A
- FLO

Not sure what to do? Let us help. 888.843.3343 | support@proedgedental.com



How to sample with the ProEdge test kit!

Read First:

Ship the same day you take water samples. Ship samples Monday–Thursday. DO NOT ship on Fridays or before a holiday.

What's In The Kit:



FedEx Clinical Pak w/ Prepaid Overnight Shipping Label



Insulated Silver Mailer



Nylon Pouch



Sample Vials



Ice Pack

STEP 1: Prep

Place your ice pack in the freezer until completely frozen. Then fill out STEP 1 & 2 of the submission form. Prior to sampling, be sure to flush your lines for 20–30 seconds.



Step 1: Practice Information

Practice Name: _____
 Practice Address: _____
 City, State & Zip: _____
 Practice Number: _____

Contact Name: _____
 Contact Title/Position: _____
 Contact Email: _____
 Compliance Officer Email: _____

Step 2: Waterline Maintenance Information

Using Water Bottles? Yes No

Source Water: Municipal Well Other (Please Specify) _____
 Chlorinated Water Distilled Reverse Osmosis Other Other _____
 Bottled Spring Reverse Osmosis Other Other _____
 Home Water or RO unit Other Other _____
 Safety: _____

Treatment Used: Chlorine Chlorine Dioxide Chloramine UV Other Other _____
 Control Systems Other Other _____
 Other Other _____

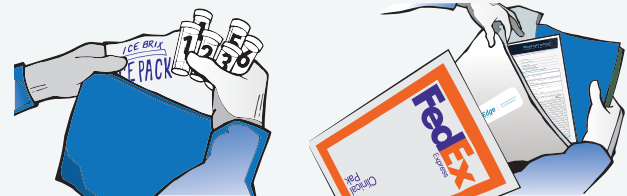
STEP 2: Sample

Using aseptic technique, fill the sample vials to the top line using individual or pooled sampling technique. Then match the number on the vial with the vial number row on the submission form. Document the operatory name/#, sample source, and (if applicable) whether it is Dr. Side or Asst. Side.



STEP 3: Package

Place the frozen ice pack and all of the water samples in the nylon pouch. Place the nylon pouch and the submission form in the insulated silver mailer. Finally, place the silver mailer into the FedEx Clinical Pak. Remove the adhesive backing and tightly seal it. Your **overnight shipping label is already** on your Clinical Pak.



STEP 4: Ship

Now you're ready to ship, here are your shipping options:

- Call 1-800-GO-FEDEX and schedule a priority pick up
- Visit FedEx.com to schedule a priority pickup at your office
- Deliver to a FedEx drop box by 3:00pm or to any FedEx shipping location.

