

Illinois Department of Public Health

Fluoride Analysis Report					
To Be Completed by Operator				To Be Completed by Laboratory	
County		Facility No.		Laboratory Name: PDC Laboratories, Inc. - Chicago	
				Certification No. 100230/100279	
Facility Name				Laboratory Sample No.	
Contact Person				Signature of Laboratory Official	
Address				Date	
City		State	Zip Code	Notification of High Fluoride >4 mg/l PDC Laboratories, Inc. IDPH Registry No. 17553/17556 IL482-0694 Rev. 11/93	
Telephone No.					
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l
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Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l

Operator: Please complete left side of form and submit with your water sample to certified lab.

Laboratory: Please complete the right side of the form and mail to:
 Illinois Department of Public Health
 Division of Dental Health
 535 West Jefferson Street
 Springfield, IL 62761
 (217) 785-4899

Temp: Ice: Y - N

Please return full sheet, do not alter.

Relinquished By: _____ Date/Time _____ Received By: _____ Date/Time _____

Relinquished By: _____ Date/Time _____ Received By: _____ Date/Time _____