

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. | | Certification No. 100230 |
| Facility Name | | | Laboratory Sample No. | | |
| Contact Person | | | Signature of Laboratory Official | | Date |
| Address | | | | | |
| City | State | Zip Code | Notification of High Fluoride >4 mg/l PDC Laboratories, Inc. IDPH Registry No. 17553 | | |
| Telephone No. | | | | | |
| | | | IL482-0694 Rev. 11/93 | | |
| 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 |
| 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 |
| 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 |
| 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 |

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

Please return full sheet, do not alter.