

FLUORIDE SUPPLEMENT PROGRAM SAMPLE SUBMISSION FORM

SUBMITTER	Provider Name: _____ Address: _____ City, State, Zip: _____ Telephone No.: _____	PARENT / GUARDIAN	Name: _____ Address: _____ City, State, Zip: _____ Telephone No.: _____
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SAMPLING DATA	County: _____ Sampling Point Description: _____ _____ Source of Water: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other Date Collected: _____ Time: _____ Collected by: _____	CHILDREN	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 80%;">First and Last Name</th> <th style="width: 20%;">Age</th> </tr> </thead> <tbody> <tr><td>1) _____</td><td>_____</td></tr> <tr><td>2) _____</td><td>_____</td></tr> <tr><td>3) _____</td><td>_____</td></tr> <tr><td>4) _____</td><td>_____</td></tr> <tr><td>5) _____</td><td>_____</td></tr> <tr><td>6) _____</td><td>_____</td></tr> </tbody> </table>	First and Last Name	Age	1) _____	_____	2) _____	_____	3) _____	_____	4) _____	_____	5) _____	_____	6) _____	_____
First and Last Name	Age																
1) _____	_____																
2) _____	_____																
3) _____	_____																
4) _____	_____																
5) _____	_____																
6) _____	_____																

<div style="border: 1px solid black; width: 100%; height: 40px; background-color: #cccccc; margin: 0 auto;"> Place Barcode Here </div>	LABORATORY USE ONLY
RECEIVED BY: _____ DATE/TIME: _____	METHOD OF SHIPPING: <input type="checkbox"/> MAILED <input type="checkbox"/> HAND DELIVERED

Document #: QCDEC-048-R3
Effective Date: June 2016
Revision: 3.0