

## FLUORIDE SUPPLEMENT PROGRAM SAMPLE SUBMISSION FORM

## Office of Laboratory Services Environmental Chemistry

4710 Chimney Drive Suite G Charleston WV 25302 Phone: (304)965-2694 Fax: (304)965-2696

SUBMITTER	Provider Name:			/ L	Name:		
	Address:			Z 6	Address:		
	City, State, Zip:			PARENT /	City, State, Zip:		
	Telephone No.:				Telephone No.:		
SAMPLING DATA	County:					First and Last Name	Age (Years   Months)
	Sampling Point Description:				1)		I
				2	2)		l
	Source of Water:	Well	Bottled Water	CHILDREN	3)		l
		Cistern	☐ Other	3	4)		l
	Date Collected:		Time:		5)		l
	Collected by:				6)		I

	LABORATORY USE ONLY		
Place Barcode Here	RECEIVED BY:	METHOD OF SHIPPING:	
	DATE/ TIME.	HAND DELIVERED	