



Oral Microbiology Laboratory

Sterilizer Monitoring Service Order Form

Phone Number ( ) - Fax Number ( ) -

Contact person

Office Name

Doctor's Name: (First) (Initial) (Last)

Address:

City State Zip

Email Address:

Please complete one section below for each sterilizer to be tested. Supplies for each sterilizer must be kept separate for identification purposes. Each kit contains equal number of tests, controls and envelopes. Carefully check current supplies before ordering.

Please note that each sterilizer is given a unique identification number.

Sterilizer I. Description (make, model, serial number)

Sterilizer type: Steam Chemiclave Dry Heat Gas
13 test kit or 26 test kit

Sterilizer II. Description (make, model, serial number)

Sterilizer type: Steam Chemiclave Dry Heat Gas
13 test kit or 26 test kit

Sterilizer III. Description (make, model, serial number)

Sterilizer type: Steam Chemiclave Dry Heat Gas
13 test kit or 26 test kit

Invoice is enclosed with each shipment of testing supplies.

If you have any questions regarding the OML's sterilization monitoring service, please feel free to call us at (919) 537-3341, Fax (919) 537-3109 or email us at oralmicro@dentistry.unc.edu