

Doctor Information (required)

Name

Address

City, ZIP Code, State

Phone Fax

E-mail (required)

Doctor Order Form

Periodontal bacterial sample

1 Patient Information (required)

Last name of patient

First name of patient Sex: Female Male

Date of birth (MM/DD/YY)

See sampling instructions on back!

2

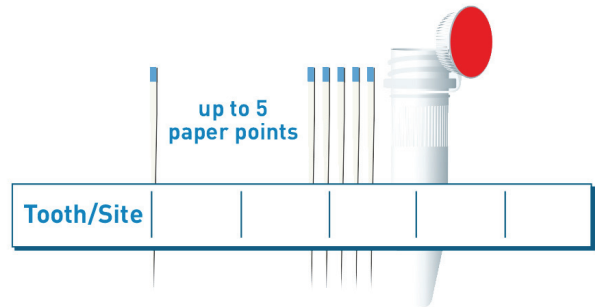
Multi-site sample with 11 microbes for the detection of 11 periodontal pathogens

Price: \$109.00

Date of sampling

Maximum pocket depth mm

Very important: Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the greatest threat to health plus will provide the most important microbiological information. Sampling should only take place if patient has not been on an antibiotic treatment including low does for at least 6 weeks



3

Smoking Smoker Non-Smoker

Antibiotic allergies No Amoxicillin (Penicillin) Metronidazole

Comments

4

Payment Method of Payment

Test can only be performed if the payment information is complete and valid

Payment by Credit Card

Visa MasterCard American Express Check use card on file

Card Holder Name

Credit Card Number

CVV Number

Expiration Date (MM/YY)

Card Holder Signature

5

Result report Please send test result by E-Mail: Fax

New kits Please send (Number) sampling kits

Guidelines for bacterial sampling

Doctor Order Form

A multi-site sample with 11microbes supplies data on quality and quantity of 11 periodontopathogenic bacterial species, and their affiliation to so-called “Bacterial complexes”.

- Please record Patient information and Doctor information
- Add date of sampling and maximum pocket depth.
- Fill out the requested information concerning smoking and antibiotic allergies.
- Method of payment must be complete and valid.
- Add respective E-Mail address or fax number.

Prior to sampling

- Make sure the patient has not been on an antibiotic 6 weeks prior to the day of testing.
- For an optimal result, take the sample prior to using the ultrasonic.
- Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the most aggressive periodontal pathogens.
- Prior to sampling try to remove as much supra gingival plaque as possible with a curette and dry area with a cotton roll.

Directions

- Using cotton forceps insert one paper point at a time into the 5 deepest pockets. Leave the paper point in this position for 10 seconds. Place the paper point into the transfer tube. Follow this procedure for all 5 paper points.
- Fill out the order form. Very important we need to know doctor name and patient name.
- Fold order back up and place back into the blue case along with the tube. Make sure the blue case is closed securely.
- Place kit into provided UPS pouch and attach label. Please feel free to place as many kits as possible into each UPS pouch. Since the analysis is DNA-based, no special terms of transport must be observed. If necessary, store sample in refrigerator until able to ship out.
- The provided UPS label will need to be placed on front. Keep customer copy for your records.
- We will send result reports via email. We also have an online log in to log in and retrieve result reports online. Please contact us if you need to know your login/password.
- If a control analysis is performed wait at least 6 week post op periodontal therapy.



Kits content: 5 sterile paper points, 1 transfer tube/vial, 1 order form. Store sampling kits at 59°-77°F. For minimum shelf life see bottom of package.

Questions? Call 615.587.2558