

Illinois Department of Public Health <b>Fluoride Analysis Report</b>	Lab Analyzed by: Teklab, Inc. 100467
<b>TO BE COMPLETED BY OPERATOR</b>	LAB USE ONLY
Facility No:	Laboratory Sample Number:
TAP No:                      Date Collected:	
Field Result:                      mg/L	Lab Result:                      mg/L
Facility Name: _____ Contact Person: _____ Phone number: _____ Address: _____ City: _____ State: _____ County _____ Zip: _____	
Rev. 03/23  <p style="text-align: center;">Cut Here</p>	

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