

**Subscription Form
Biologic Sterilizer Monitoring Service**

Contact Person: _____

Address: _____

_____ **Postal code** _____

Phone: () _____ **Fax:** () _____

Please check desired service below:

- Weekly (52 tests per year) enclose \$450**
- Monthly (12 test per year) enclose \$150**
- 24 tests per year enclose \$277**
- 36 tests per year enclose \$381**
- Individual test enclose \$15**

**Enclose cheque payable to: Biologic Sterilizer Monitoring Service and mail to:
Oral Pathology Lab, Faculty of Dentistry, Dalhousie University, Halifax, NS B3H 1W2.
For further information: Phone (902) 494-3768 Fax: (902) 494-6411 E-Mail: biosterilizer.monitor@dal.ca
<http://www.dentistry.dal.ca/about/BSM.html>**
