

Please mail your completed application and check or credit card information to:

STERILIZATION MONITORING SERVICE

University of Detroit Mercy
2700 Martin Luther King Jr. Blvd.
Detroit, MI 48208-2576

If you have any questions regarding the Sterilization Monitoring Service, please call us at (313) 494-6915 or email sms@udmercy.edu.

Practitioner's Name: _____

FAX: _____

Address: _____

E-mail: _____

City, State, Zip: _____

Phone: _____

____ Check enclosed OR

Credit Card #: _____ Name on Card: _____

____ MasterCard ____ Visa Expiration Date: _____ 3-digit security code: _____

I WISH TO PARTICIPATE IN THE STERILIZATION MONITORING SERVICE FOR **ONE YEAR** AND HAVE A BIOLOGICAL MONITOR SENT TO ME ON A MONTHLY BASIS.

Signature: _____

Please indicate the **TYPE** of service you desire and HOW MANY of each type of sterilizer your office uses. A biological monitor will be sent for each sterilizer indicated. **Please enclose a check for proper amount.**

____ WEEKLY SERVICE

____ AUTOCLAVE

____ UNSATURATED
CHEMICAL VAPOR

____ MONTHLY SERVICE

____ DRY HEAT

A certificate of membership will be sent to you upon request. If you desire a certificate, please **PRINT** your name **EXACTLY** as you wish it to be printed on the certificate.

NAME ON CERTIFICATE: _____