**Caries Activity Testing Results**

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| --- | --- |
| Sample «saID» | |
| Patient: «patientName» | Clinician: «clinicianName» |
| Date Collected: «collected» | Date Received: «received» |

**Test Performed**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Flow Rate**…………………………………………… | «flowRate» | **ml/min** |
| **Buffering Capacity**…………………………………. | «bufferingCapacity» | **pH** |

**Bacterial Counts**

|  |  |  |
| --- | --- | --- |
| **Streptococcus Mutans**………………………………. | «smCount» | **CFU/ml** |
| **Lactobacillus**………………………………………… | «lbCount» | **CFU/ml** |

**Interpretation of Saliva Test Results**

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| --- | --- | --- | --- |
| **Interpretation** | **NORMAL** | **INTERMEDIATE RISK** | **HIGH RISK** |
| **Flow rate per minute:** | **1-2 ml** | **< 0.7 ml** | **< 0.1 ml (*Xerostomia*)** |
| **Buffering capacity (pH):** | **5.0-7.0** | **4.0-4.9** | **< 4.0** |
| *Strep. Mutans* **counts:** | **< 1x104 CFU/ml** | **2x104 to 9x104 CFU/ml** | **> 1x105 CFU/ml** |
| *Lactobacillus* **counts:** | **< 1x103 CFU/ml** | **1x103 to 9x103 CFU/ml** | **> 1x104 CFU/ml** |

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| **If this is the first caries activity test for this patient, please repeat the test in 3 to 5 weeks following preventive treatment. If not, please repeat the test in 6 months or after control phase is completed, whichever occurs sooner.** |

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| Technologist: «techName» | Date Reported: «reported» |