



Place barcoded patient label here

The following information must be provided for all "Lead" and "Heavy Metals" testing to fulfill state requirements and Centers for Disease Control and Prevention recommendations.

Patient Information

Form with fields for Name, Birth Date, Sex Assigned at Birth, Legal/Administrative Sex, Street Address, City, State, ZIP Code, County, If Child, Parent/Guardian Name, Phone, If Patient is an Adult, Employer Name, Occupation, Employer Phone, Employer Street Address, City, State, ZIP Code.

Physician Information

Form with fields for Name, Phone, Street Address, City, State, ZIP Code.

Ethnicity and Race Both must be selected.

Form with fields for Ethnicity* and Race** with checkboxes for Hispanic, Non-Hispanic, White, African American, Asian/Pacific Islander, Native American, and Other.

* Ethnicity is based on ancestry and is either Hispanic or non-Hispanic for the purposes of this form.
** An individual whose ethnicity is Hispanic can also be white.

Specimen Type

Form with checkboxes for Venous and Capillary.