

Lead/Heavy Metals Reporting Form

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

Place bar-coded patient label here

Patient Name - Last Name, First Name, Middle Initial			Birth Date (Month DD, YYYY)
Patient Address - Street			
City	State	ZIP Code	County
If Child, Parent/Guardian - Last Name, First Name			Home Phone

Specimen Type:	<input type="checkbox"/> VENOUS <input type="checkbox"/> CAPILLARY	Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
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Physician Name - Last Name, First Name		Physician Phone	
Physician Address - Street	City	State	ZIP Code

If patient is an adult:

Employer Name		Employer Phone	
Employer Address - Street	City	State	ZIP Code