

***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 Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle) | | | Gender  Male Female | | | | Birth Date (Month DD, YYYY) | |
| Street Address | | | | | | | | |
| City | | State | | ZIP Code | | | County | |
| If Child, Parent/Guardian (Last, First) | | | | | Phone | | | |
| If Patient is an adult-Employer Name | Occupation | | | | Employer Phone | | | |
| Employer Street Address | | City | | | | State | | ZIP Code |

# Physician Information

Name (Last, First)

|  |  |  |  |
| --- | --- | --- | --- |
| Name *(Last, First)* | | Phone | |
| Street Address | City | State | ZIP Code |

Both Ethnicity and Race must be selected.

Ethnicity\*

Hispanic Non Hispanic

Race\*\*

White African American Hispanic Asian/Pacific Islander Native American Other

\*Ethnicity is based on ancestry and is either Hispanic or non-Hispanic for the purposes of this form

\*\*An individual who’s ethnicity is Hispanic can also be white

# Specimen Type

* VENOUS CAPILLARY

VENOUS CAPILLARY