

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	Date of Birth (mm/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