

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 <i>(Last, First, Middle)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(Month DD, YYYY)</i>	
Street Address				
City		State	ZIP Code	County
If Child, Parent/Guardian <i>(Last, First)</i>			Phone	
If Patient is an adult-Employer Name		Occupation		Employer Phone
Employer Street Address		City		State ZIP Code

Physician Information

Name <i>(Last, First)</i>			Phone
Street Address		City	State ZIP Code

Both Ethnicity and Race must be selected.

Ethnicity* <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	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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*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