



Place barcoded patient label here

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

**Patient Information**

Name <i>(Last, First, Middle)</i>		Birth Date <i>(mm-dd-yyyy)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address					
City		State	ZIP Code		County
If Child, Parent/Guardian Name <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	

**Ethnicity and Race** (Both must be selected.)

Ethnicity*		Race**			
<input type="checkbox"/> Hispanic		<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> 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**

<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary
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