

Place barcoded patient label here

The following information must be provided for all “Lead” and “Heavy Metals” testing to fulfill state requirements and Centers for Disease Control and Prevention recommendations.

Patient Information (required)

Patient Name (Last, First Middle)			Birth Date (mm-dd-yyyy)	
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose		Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary		
Street Address				
City	State	ZIP Code	County	
If Patient is a Child, Parent/Guardian Name (Last, First)			Phone	
If Patient is an Adult, Employer Name		Occupation	Employer Phone	
Employer Street Address		City	State	ZIP Code

Healthcare Professional Information

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

Ethnicity and Race Both must be selected.

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