

Warde Medical Laboratory
300 W. Textile Road, Ann Arbor, MI 48108
BLOOD LEAD ANALYSIS REPORT

PATIENT INFORMATION

To be completed by Parent/Guardian or Patient

PLEASE PRINT

<hr/> Last Name	<hr/> First Name	<hr/> M. Initial		
<hr/> Address-No PO Boxes, please	<hr/> Apt.#	<hr/> City	<hr/> State	<hr/> Zip
<hr/> ()	<hr/> Birthdate (month/day/year)	<hr/> Parent/Guardian Name (please print)		
Race (check all that apply):		Sex:		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Male		
<input type="checkbox"/> Asian		<input type="checkbox"/> Female		
<input type="checkbox"/> Black or African American				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
<input type="checkbox"/> White				
<input type="checkbox"/> Hispanic or Latino				
<input type="checkbox"/> Middle Eastern or Arabic				

If Patient is an adult (≥16 years)

Employer: _____

Social Security: _____

PROVIDER/PHYSICIAN INFORMATION

To be completed by provider's office

<hr/> Clinic, Hospital or Agency Name	<hr/> Physician Name		
<hr/> Mailing Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> ()	<hr/> Fax Number		
<hr/> Area Code and Phone Number			

SPECIMEN COLLECTION INFORMATION

To be completed by person who draws specimen

<hr/> Specimen Collection Date	Source of Specimen <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <input type="checkbox"/> Filter Paper
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