

HEAVY METAL ANALYSIS REPORT
 DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE R 325.62

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

LABORATORY INFORMATION:

NAME _____ ADDRESS _____

PHONE _____ CITY _____ STATE _____ ZIP _____

PATIENT INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS STREET _____ APARTMENT _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE ____ / ____ / ____

RACE (Check one)

- White
- Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian
- Alaskan Native
- Mixed

GENDER

- Male
- Female
- Unk

PHONE _____

PARENT/GUARDIAN NAME:

ETHNICITY

- Non-Hispanic
- Hispanic

Last _____ First _____

EMPLOYER INFORMATION (if available)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUBMITTER/PROVIDER INFORMATION:

PROVIDER NAME _____

FACILITY _____ ADDRESS _____

PHONE _____ CITY _____ STATE _____ ZIP _____

SPECIMEN AND ANALYSIS INFORMATION:

DIAGNOSIS (if available) _____

SPECIMEN COLLECTION DATE ____ / ____ / ____ TEST ORDERED: Arsenic (As) Cadmium (Cd) Mercury (Hg)

SPECIMEN TYPE (Check one): Blood Urine – 24 Hour Total Volume Urine – Random Sample

SPECIMEN ID _____ ANALYSIS DATE ____ / ____ / ____

| RESULT: | ARSENIC (As) | | | CADMIUM (Cd) | | | MERCURY (Hg) | | |
|---------|--------------|-------|---------------|--------------|-------|---------------|--------------|-------|---------------|
| | Value | Units | Default Units | Value | Units | Default Units | Value | Units | Default Units |
| BLOOD | | | µg/ml | | | µg/L | | | ng/ml |
| URINE | | | µg/L | | | µg/L | | | µg/L |

Submit to: Michigan Department of Community Health, Division of Occupational and Environmental Epidemiology, PO Box 30195, Lansing, Michigan 48909 • Fax (517) 335-9775 • Phone (517) 335-8350