

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:

 Last First

- ETHNICITY**
- Non-Hispanic
 - Hispanic

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** ____ / ____ / ____

	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