HEAVY METAL ANALYSIS REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE R 325.62

LABORATORY INFORMATION:										
NAME				ADE	ADDRESS					
PHONE								STATEZIP		
PATIENT INFORMATION:										
LAST NAME				FIRS	FIRST NAME			MIDDLE INITIAL		
HOME ADDRESS STREET									APARTMENT	
СІТҮ				STA	STATE			ZIP		
BIRTH DATE / /				\Box W	RACE (Check one) □ White			GENDER		
PHONE					□ Black □ Asian			 Female Unk 		
PARENT/GUARDIAN NAME:				□ Ar	 Native Hawaiian/Pacific Islander American Indian Alaskan Native 			ETHNICITY		
Last First				□ Mi	□ Mixed			🗆 Hispanic		
EMPLOYER INFORMATION (If available)										
NAME				ADE	ADDRESS					
				CITY	(STATE	Z	ːIP	
SUBMITTER/PROVIDER INFORMATION:										
PROVIDER NAME										
FACILITY					ADDRESS					
PHONE					CITY			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) MERC								MERCURY (H	la)	
	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