



**BLOOD LEAD ANALYSIS REPORT**  
300 W. Textile Road, Ann Arbor, MI 48108

**Patient Information:** (to be completed by Parent/Guardian or Patient)

**PLEASE PRINT**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Address – No PO Boxes, please APT # City State ZIP

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Area Code and Phone Number (Month/Day/Year)

Parent/Guardian: \_\_\_\_\_

RACE (check all that apply):

Sex:  Male  Female

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Middle Eastern or Arabic

If Patient is an adult ( $\geq 16$  years)

Employer: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Provider Information:** (to be completed by Provider's Office)

Clinic Name: \_\_\_\_\_  
Clinic, Hospital, or Agency Name Physician Name

Address: \_\_\_\_\_  
Mailing Address City State ZIP

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Area Code and Phone Number Area Code and Fax Number

**Specimen Collection Information** (to be completed by person who draws specimen):

Specimen Collection Date/Time: \_\_\_\_\_

Source of Specimen:  Capillary  Venous  Filter Paper