

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 ____/____/____

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	