



Lead Form

The following information must be provided to fulfill state requirements and CDC recommendations.

| Lead/Heavy Metal Patient Information | | | |
|---|-----------------------------------|--------------------------------|--|
| Date Collected / / | Time Collected (Use 24-Hr. Clock) | | Specimen Type <input type="checkbox"/> Urine <input type="checkbox"/> Venous Blood <input type="checkbox"/> Capillary Blood |
| Last Name of Patient (Please Print) | | First Name of Patient | Middle Initial |
| Patient I.D. | Date of Birth / / | Age | Sex M F |
| Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please Specify) _____ | | | |
| Patient's Street Address | | Phone Number | |
| City | State | Zip Code | County |
| Parent or Guardian's First Name | | Parent or Guardian's Last Name | |
| Referring Physician | | Phone Number | |
| Physician Address | | | |
| If Employed, Employer Name | | Phone Number | |
| Employer Address | | | |

Heavy Metals Include: Lead, Arsenic, Cadmium and Mercury

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This is not an order form - Please attach this form to your regular order.