Environmental Lead Sampling Requisition

Michigan Department of Community Health - Trace Metals Section
3350 N. Martin Luther King Jr. Blvd. P.O. Box 30035 Lansing Michigan 48909
Phone: 517-335-9490 Fax: 517-335-9776 Web: HTTP://www.Michigan.gov/mdchlab

Date Received @ MDCH	Initials

Print in UPPERCASE using dark pen

SUBMITTER INFORMATION

CLIENT / SUBMITTER CODE

AGENCY / COMPANY NAME

INSPECTOR'S NAME

LICENSE NUMBER

SITE INFORMATION

NUMBER

STREET

APT

CITY

STATE

ZIP

PROPERTY OWNERS OR SITE NOTE

OCCUPANT / PATIENT INFORMATION

NAME (FIRST, LAST, M.I.)

DATE OF BIRTH (MM-DD-YY)

SAMPLE INFORMATION - INDICATE SAMPLE TYPE

COLLECTION DATE

DUST WIPES

PAINT CHIPS

SOIL

INITIAL

RETEST

CLEARANCE

Submitter ID #	Surface (Dust Wipes & Paint Chips) Or Area Description (Soil)	Room (DUST WIPES & PAINT CHIPS Only)	Dust Wipe Area (Inches x Inches) or Soil & Paint (Laboratory Weight)	Sample Number - MDCH Use ONLY

ADDITIONAL CLINIC CODE _____ AGENCY / COMPANY NAME_____