

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

Date Received @ MDCH	Initials
MDCH Specimen Number	

Print in UPPERCASE using dark pen Detailed instructions on reverse

SUBMITTER INFORMATION

SUBMITTER CLINIC CODE AGENCY - COMPANY NAME

NUMBER STREET TELEPHONE

CITY STATE ZIP

PHYSICIAN/SUBMITTER (EMPLOYER IF APPLICABLE) NATIONAL PROVIDER IDENTIFIER

PHYSICIAN/SUBMITTER PHONE (EMPLOYER IF APPLICABLE)

PATIENT INFORMATION

LAST NAME FIRST NAME M.I.

NUMBER STREET APARTMENT #

CITY STATE ZIP

PATIENT PHONE PARENT - GUARDIAN NAME (LAST/FIRST)

HEALTH PLAN/OCCUPATION (if Applicable)

BIRTH DATE (MM-DD-YYYY) GENDER

FEMALE MALE

RACE ETHNICITY (if Appropriate)

WHITE BLACK OR AFRICAN AMERICAN MULTIRACIAL AMERICAN INDIAN OR ALASKAN NATIVE ASIAN NATIVE HAWAIIAN OR PACIFIC ISLANDER UNKNOWN HISPANIC MIDDLE EASTERN OR ARABIC

SPECIMEN INFORMATION

TUBE / SUBMITTER ID COLLECTION DATE (MM-DD-YY) COLLECTION TIME (MILITARY) SPECIMEN TYPE

CAPILLARY FILTER PAPER VENOUS

PAYMENT INFORMATION

PAYMENT ENCLOSED BILL TO SUBMITTER EXEMPT (MUST BE PRE-AUTHORIZED) HEADSTART PRIVATE INSURANCE - OTHER THAN MEDICAID

MEDICAID # MEDICAID HMO YES NO

OPTIONAL - MAIL ADDITIONAL COPY TO

ADDITIONAL CLINIC CODE AGENCY - COMPANY NAME