

Date Received @ MDCH	Initials
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Print in UPPERCASE using dark pen

**SUBMITTER INFORMATION**

<b>CLIENT / SUBMITTER CODE</b>	<b>AGENCY / COMPANY NAME</b>
<b>INSPECTOR'S NAME</b>	<b>LICENSE NUMBER</b>

**SITE INFORMATION**

<b>NUMBER</b>	<b>STREET</b>	
<b>APT</b>	<b>CITY</b>	<b>STATE</b>
<b>ZIP</b>	<b>PROPERTY OWNERS OR SITE NOTE</b>	

**OCCUPANT / PATIENT INFORMATION**

<b>NAME (FIRST, LAST, M.I.)</b>	<b>DATE OF BIRTH (MM-DD-YY)</b>

**SAMPLE INFORMATION - INDICATE SAMPLE TYPE**

COLLECTION DATE	SUBMITTER ID #	SURFACE (Dust Wipes & Paint Chips) Or Area Description (Soil)	DUST WIPES		PAINT CHIPS		SOIL	
			INITIAL	RETEST	RETEST	CLEARANCE		
			Room (DUST WIPES & PAINT CHIPS Only)	Dust Wipe Area (Inches x Inches) or Soil & Paint (Laboratory Weight)		Sample Number - MDCH Use ONLY		

<b>ADDITIONAL CLINIC CODE</b>	<b>AGENCY / COMPANY NAME</b>