

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BLOOD LEAD ANALYSIS REPORT
DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE # R325.9082 AND R 325.9083**

PATIENT INFORMATION

To be completed by Parent/Guardian or Patient

PLEASE PRINT

_____	_____	_____	_____	_____
Last Name	First Name	M. Initial		
_____	_____	_____	_____	_____
Address – No PO Boxes, please	Apt. #	City	MI State	Zip
() _____	_____	_____	_____	_____
Area Code and Phone Number	Birthdate (month/day/year)	Parent/Guardian Name (please print)		
<i>Race (Check all that apply):</i>		<i>Sex:</i>		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Male		
<input type="checkbox"/> Asian		<input type="checkbox"/> Female		
<input type="checkbox"/> Black or African American		<div style="border: 1px solid black; padding: 5px;"> <p align="center">If Patient is an adult (≥ 16 years):</p> <p>Employer: _____</p> <p>Social Security #: _____</p> </div>		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
<input type="checkbox"/> White				
<input type="checkbox"/> Hispanic or Latino				
<input type="checkbox"/> Middle Eastern or Arabic				
<i>Funding Sources:</i>		ID# (Medicaid only): _____		
<input type="checkbox"/> Self Pay/Insurance				
<input type="checkbox"/> Medicaid				

PROVIDER/PHYSICIAN INFORMATION

To be completed by provider's office

_____	_____	_____	_____
Clinic, Hospital or Agency Name	Physician name		
_____	_____	_____	_____
Mailing Address	City	State	Zip
() _____	_____	_____	_____
Area Code and Phone Number	Fax Number		

SPECIMEN COLLECTION INFORMATION

To be completed by person who draws specimen

_____	Source of Specimen	<input type="checkbox"/> Capillary	<input type="checkbox"/> Venous	<input type="checkbox"/> Filter Paper
Specimen Collection Date				

LABORATORY INFORMATION

To be completed by testing laboratory

_____	_____
Laboratory Name	Specimen ID Number
() _____	_____
Area Code and Phone Number	Analysis Date
BLOOD LEAD LEVEL in Micrograms per Deciliter _____ (round to nearest whole number, please)	