

**Blood Lead Test Requisition**  
**Michigan Department of Health and Human Services**  
**Bureau of Laboratories - Trace Metals Section**  
P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909  
Phone: 517-335-8059 Fax: 517-335-9871 Web: www.michigan.gov/mdhhs/trace

MDHHS USE ONLY	
Date Received @ MDHHS	Initials
MDHHS Specimen #	

Print in UPPERCASE using dark pen Detailed instructions on reverse

**SUBMITTER INFORMATION**

SUBMITTER INFORMATION (NAME, ADDRESS, CITY, STATE, & ZIP CODE)

SUBMITTER CLINIC CODE

TELEPHONE

FAX

PHYSICIAN/AUTHORIZED PROVIDER

NATIONAL PROVIDER IDENTIFIER

ICD-10 DIAGNOSIS CODE  Z13.88 (SCREENING FOR CONTAMINANTS)  OTHER / CODE

MAIL ADDITIONAL COPY TO CLINIC CODE

**PATIENT INFORMATION**

NAME (LAST, FIRST, M.I.)

ADDRESS

APARTMENT #

CITY STATE ZIP BIRTH DATE (MM-DD-YYYY)

PATIENT PHONE PARENT/GUARDIAN (LAST/FIRST)

GENDER  MALE  FEMALE RACE  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Other ETHNICITY  Hispanic or Latino  Not Hispanic or Latino  Unknown

**SPECIMEN INFORMATION**

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

**MEDICAID OR MANAGED CARE ORGANIZATION (MCO) INFORMATION**

MEDICAID # or MCO#  PAYMENT ENCLOSED  BILL TO SUBMITTER SITE

MCO PROVIDER

**PRIVATE INSURANCE INFORMATION**

INSURANCE PROVIDER

SUBSCRIBER NAME (LAST, FIRST, M.I.)

SUBSCRIBER ADDRESS

APARTMENT #

CITY STATE ZIP SUBSCRIBER DOB (MM-DD-YYYY)

GROUP # POLICY/CONTRACT # RELATIONSHIP TO SUBSCRIBER  SELF  SPOUSE  DEPENDENT

