

DCH-0558, ENVIRONMENTAL LEAD TEST REQUISITION

Michigan Department of Health and Human Services (MDHHS)

Bureau of Laboratories

(Revised 11-22)

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Web: <http://www.michigan.gov/mdhhs/lead>

SECTION 1 – MDHHS USE ONLY

Date Received at MDHHS

Initials

SECTION 2 – SUBMITTER INFORMATION

If filling out by hand, print in UPPERCASE using a dark pen

Submitter Clinic Code

Submitter/Agency

Submitter/Agency Address

City

State

Zip Code

SECTION 3 – SITE INFORMATION

Address

Apartment Number

City

State

Zip Code

SECTION 4 – MDHHS USE ONLY – PAYMENT

Medicaid/CHIP/SPA

HUD

GF

Flint Supplemental

Other

DEH Supplemental

ALE

SECTION 5 – SAMPLE INFORMATION – INDICATE SAMPLE TYPE

Collection Date (MM/DD/YY)

Sample Type

Dust Wipes

Soil

Food

EBL

Same Day Testing

Lead Isotope

Sample ID	Sample Description (If food sample include Lot Number)	Dust Wipe Area (inches x inches)	Sample Number MDHHS Use Only
		x	
		x	
		x	

Sample ID	Sample Description (If food sample include Lot Number)	Dust Wipe Area (inches x inches)	Sample Number MDHHS Use Only
		x	
		x	
		x	
		x	
		x	
		x	
		x	
		x	
		x	
		x	

Additional Copy Code

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SECTION 6 – ENVIRONMENTAL LEAD TEST REQUISITION CHAIN OF CUSTODY

Released By _____ Released To _____ Date _____

Released By _____ Released To _____ Date _____

Released By _____ Released To _____ Date _____

Released By _____ Released To _____ Date _____

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

By Authority of Act 368, P.A. 1978.