

III. LABORATORY INFORMATION

Name of testing laboratory (_____) Phone number

Laboratory street address City State/Zip Code

Date sample taken Date sample analyzed

Results

Sample	Arsenic	Cadmium	Mercury
Blood	_____ $\mu\text{g/ml}$	_____ $\mu\text{g/L}$	_____ ng/ml
Urine	_____ $\mu\text{g/L}$	_____ $\mu\text{g/gram creatinine}$	_____ $\mu\text{g/L}$
		OR	
		_____ $\mu\text{g/L}$	

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