

Patient and Test Information **Ordering Physician / Test Lab** Patient Employer

Patient

Test

Last Name *

First Name *

Middle Name/Initial

Date of Birth * Age

Sex

SSN

Race

Ethnicity

Telephone ()

Street Address *

Apt. # / Unit #

City, State * NC

Zip

Country USA

Census Tract

County

Medicaid Health Plan

Medicaid Number **if any**

Insurance Carrier

Test Result * µg/dL

Purpose of Test

Analysis Method LeadCare®

Specimen Collected * Date sample collected

Specimen Type * Blood capillary

Specimen Accession# Unique id for the specimen (sample number)

Drawing Facility Phone Can leave blank if same as Test lab

Drawing Facility Address

Specimen Received 8/19/2014

Date of Result * Date sample analyzed

Comment

Retest

Physician

Test Lab **This will automatically be included if Test Lab and CLIA number are entered and saved under Ordering Physician / Test Lab tab.**

Parent/Guardian Name

Parent/Guardian Phone ()

Refugee Reporting (Country)

Immigrant (Country)

International Adoption (Country)

*required to report result

Circled fields are required by North Carolina General Statute § 130A-131.8. Laboratory reports.