

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.**