

Laboratory CLIA # \_\_\_\_\_

# LeadCare® II Blood Lead Data Sheet

LeadCare II Serial #: \_\_\_\_\_ Kit Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ QC Lot #: \_\_\_\_\_ Level 1 Range: \_\_\_\_\_ Level 2 Range: \_\_\_\_\_

Date	Controls	Result (µg/dL)	Is result in range?		Corrective Actions	Initials
	Level 1		Yes	No		
	Level 2		Yes	No		
	Level 1		Yes	No		
	Level 2		Yes	No		
	Level 1		Yes	No		
	Level 2		Yes	No		

Sample Date	Sample ID	Patient Name	DOB	Sex	Race	Hispanic Ethnicity (Y/N)	Patient Address	Medicaid #	Specimen Type (Venous or Capillary)	Result µg/dL	Result Date	Initials
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									
			__/__/__									