

# MEADVILLE MEDICAL CENTER LABORATORY

## HEAVY METAL INFORMATION FORM

*Required information for **Lead** testing.*

The request for this information is made mandatory by Pennsylvania State Health Department. Our reference lab will not complete the test if all of the following information does not accompany the specimen. This information will be required from all patients.

If you collect these specimens in your office, please fill out this form and attach it to the test order form.

Date Collected		Time Collected (24 Hr Clock)		Specimen Type <input type="checkbox"/> Urine <input type="checkbox"/> Venous Blood <input type="checkbox"/> Capillary Blood	
Patient Last Name (Please Print)			First Name		Middle Initial
Patient Social Security Number		Date Of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native America <input type="checkbox"/> Other					
Patient Street Address				Phone Number	
City		State		Zip Code	County
Parent Or Guardian's First Name			Parent Or Guardian's Last Name		
Parent or Guardian's Complete Address if Different from Patient				Guardian's Phone	
Referring Physician				Phys. Phone Number	
If Employed, Employer's Name				Empl. Phone Number	
Employer's Complete Address					

### *Solutions to Frequently Encountered Problems:*

- If patient does not have a telephone  
Substitute the physician's phone number in this field
- If patient does not have a Social Security number  
Patient ID is not mandatory as long as patient name is complete
- If unsure about ethnic origin when there are mixed ethnic backgrounds  
Mixed ethnic backgrounds should be categorized as "**other**"