

Warde Medical Laboratory
300 W. Textile Road, Ann Arbor, MI 48108
BLOOD LEAD ANALYSIS REPORT

PATIENT INFORMATION

To be completed by Parent/Guardian or Patient

PLEASE PRINT

Last Name

First Name

M. Initial

Address-No PO Boxes, please

Apt.# City

State Zip

() _____
Area Code and Phone Number

Birthdate (month/day/year)

Parent/Guardian Name (please print)

Race (check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Middle Eastern or Arabic

Sex:

- Male
- Female

If Patient is an adult (≥16 years)

Employer: _____

Social Security: _____

PROVIDER/PHYSICIAN INFORMATION

To be completed by provider's office

Clinic, Hospital or Agency Name

Physician Name

Mailing Address

City State Zip

() _____
Area Code and Phone Number

Fax Number

SPECIMEN COLLECTION INFORMATION

To be completed by person who draws specimen

Specimen Collection Date

Source of Specimen Capillary Venous Filter Paper