labcorp

Specimen # _____

LEAD SCREENING QUESTIONNAIRE

PATIENT'S NAME: _____

NAME OF GUARDIAN: _____

PATIENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ GENDER: _____ (M) _____ (F) COUNTY: _____

NAME OF ORDERING PROVIDER: _____

PLEASE INDICATE PATIENT'S RACE:

_____ White / Caucasian (*Cáucaso*)
_____ Black / African American
_____ American Indian
_____ Asian
_____ Other Please Specify _____

DOES THE PATIENT HAVE HISPANIC HERITAGE?

_____ Yes
_____ No

WHAT IS THE PURPOSE OF THIS TESTING?

_____ Initial
_____ Follow-up Testing
_____ Repeat

For Lab Use Only
Specimen collected by:

Venipuncture _____ Fingerstick _____ PST _____