## Lab Requisition for Blood Lead Testing (Sample)

Health care providers ordering blood lead level (BLL) tests can fill out this sheet and attach it to the Lab Requisition Form.

A. Patient	Information					
Last Name			First Name M.I.			
				Male	Fe	male
Date of Birth		Age (Years)				
Patient Address	(number, street)	Apt. Number	_			
City			_			
State	ZIP Code	Telephone Number	Social Secu	rity Numb	er (volu	ıntary)
First and Last N	ame of Parent or Gua	rdian (if person tested is a minor)				
B. Employe	er Information (	Employer of the person tested, at	the time of th	ne test)		
Name of Employ	yer		Self-Employ	ed N	Not Emp	oloyed
Employer Addre	ess (number, street)	Suite Number				
City			<u>—</u>			
State	ZIP Code	Telephone Number	Fax			
C. Ordering	g Health Care P	rovider				
Name of Provide	er Group, Clinic or Fac	cility				
			MD	DO	NP	PA
First and Last N	ame of Individual Hea	Ith Care Provider				
Provider Addres	s (number, street)	Suite Number	<u> </u>			
City			<u>—</u>			
State	ZIP Code	Telephone Number		Fax		