LABORATORY USE ONLY
ACCESSION NO:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH LABORATORY
P.O. BOX 1689, 10 CLINTON STREET
HARTFORD, CT 06144
TELEPHONE (860) 509-8509
FAX (860) 509-8598

BLOOD LEAD TEST REQUEST

NOTE: BOLDED ITEMS MUST BE COMPLETED !!

AUTHORIZING PERSON AND TELEPHONE NUMBER:

PLACE ACCOUNT LABEL HERE

COLLECTION SITE: ☐ HOSPITAL ☐ SCHOOL/ DAY CARE ☐ HEALTH CENTER
☐ WELL CHILD CLINIC ☐ PHYSICIAN OFFICE ☐ OTHER _____

☐ 440B **CHILD LEAD SCREEN – FINGERSTICK**

☐ 430B **CHILD LEAD CONFIRMATION – VENIPUNCTURE**

☐ 407B **ADULT LEAD TEST**

COLLECTION DATE:

PATIENT INFORMATION:

BIRTHDATE:

SEX: ☐ **MALE** ☐ **FEMALE**

MEDICAID STATUS: ☐ **HUSKY A/B** ☐ **TITLE XIX**

NAME: **(LAST)** **(FIRST)** **(MI)**

ADDRESS: **(STREET)** **(UNIT)**

(CITY) **(STATE)** **(ZIP)**

RACE / ETHNICITY: ☐ **AMERICAN INDIAN/ ALASKAN** ☐ **WHITE, NOT HISPANIC** ☐ **ASIAN/ PAC ISL.**
☐ **BLACK, NOT HISPANIC** ☐ **HISPANIC** ☐ **OTHER/ UNKNOWN**

ADDITIONAL ADULT PATIENT INFORMATION:

OCCUPATION:

☐ COMPANY SCREEN
☐ CRISP

EMPLOYER: (NAICS CODE)

ADDRESS: (STREET) (PHONE)

(CITY) (STATE) (ZIP CODE)