## Lead Clinic Requisition and Reporting Form, Canton City Public Health P00

Public Laboratory, 420 Market Ave North, Canton OH 44702-1544, 330.438.4671

Please Print or type information in **ALL** Fields

				<u> </u>		
First Name		MI	Last Name		Sample Collection Date	
House #	Street	<u> </u>		Apt #	Specimen Type Capillary	
City		County		State	Analyze Date	
Zip Code		Phone number			Result (μg/dL)	Initials
Medicaid #		ļ.				!
Date of Birth		○ Male	○ Female		Physician/Health Care Provider: Dr Jon Elias	
	check all that ap				420 Market Ave No Canton OH 44702-1	
⊖White	or African Am	Othe Indian or	er Alaska Native	Asian	330.489.3322	1944
•	-Hispanic (	Hispanic,	Latino or Spani	sh		
Guardian First and Last Name					Results reported as	
Ethnicity  NOT	-Hispanic (	Hispanic,			Results reported as <3.3, 3.3 to 65.0, >6	

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Please Print or type information in **ALL** Fields

First Name		MI	Last Name					
House #	Street			Apt #				
City		County		State				
Zip Code		Phone num						
Medicaid #								
Date of Birth		○ Male	○ Female					
Race-Please check all that apply								
○Black or African Am ○Other								
○White ○American Indian or Alaska Native ○Asian								
Ethnicity								
○NON-Hispanic ○Hispanic, Latino or Spanish								
Guardian First and Last Name								

Sample Collection Date	
Specimen Type Capillary	
Analyze Date	
Result (μg/dL)	Initials

Physician/Health Care Provider: Dr Jon Elias 420 Market Ave North Canton OH 44702-1544 330.489.3322

Results reported as <3.3, 3.3 to 65.0,  $>65 \mu g/dL$