

## 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

First Name		MI	Last Name	
House #	Street		Apt #	
City		County		State
Zip Code		Phone number		
Medicaid #				
Date of Birth		<input type="radio"/> Male	<input type="radio"/> Female	
Race-Please check all that apply <input type="radio"/> Black or African Am <input type="radio"/> Other _____ <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian				
Ethnicity <input type="radio"/> NOT-Hispanic <input type="radio"/> 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 µg/dL

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