LeadCare II

Blood Lead Testing System Data Sheet Canton City Health Department

Year_____

Level 1 Control

Date	Lot#	Result	Target Range	Control in range?		Corrective Actions	Initials
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		

Level 2 Control

Date	Lot#	Result	Target Range	Control in range?		Corrective Actions	Initials
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		

Test Kit Lot # _____ **Expiration Date:** _____ **Calibration Code:** _____

Collection Date DOC	Patient Unique ID	Sex	Result (µg/dL)*	Testing Date ONLY if different from DOC	Initials	ODH Data Entry