

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:		Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race-Please check <u>ALL</u> that apply: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander _____				
Ethnicity: <input type="checkbox"/> NOT-Hispanic <input type="checkbox"/> Hispanic, Latino, or Spanish				
Guardian Name (First, Last):				

Sample Collection Date:	
Specimen Type: <i>Capillary</i>	
Analyze Date:	
Result (µg/dL):	Initials:

Physician/Health Care Provider:

Dr Jon A. Elias
420 Market Ave North
Canton OH 44702-1544
P: 330.489.3322
F: 330.430.7857

Results reported as <3.3, 3.3 to 65.0, >65 µg/dL
Reported to ODH on: