Washington State Department of Health
Division of Environmental Health
Office of Environmental Health Assessments

Blood Lead Level

FOR OFFICE USE ONLY

DOH ID Number	Date Received

PATIENT INFORMATION

Patient's Name (Last , First , Middle Initial) **<patname>**		Telephone **<c.hphone>**
Street Address **<c.addr1>**		
City **<c.city>**	State **<c.state>**	Zip **<c.zip>**
County	Age **<p.age>**	Date of Birth **<p.born>**
Sex ☐ Male ☐ Female ☐ Unknown		
Race ☐ American Indian or Alaskan Native ☐ African American ☐ Caucasian ☐ Asian or Pacific Islander ☐ Unknown	Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown	

PROVIDER INFORMATION

Provider Ordering Test		Telephone **<prac.phone>**
Street Address **<prac.addr1>**		County **Cowlitz**
City **<prac.zip>**	State **<prac.state>**	Zip **<prac.zip>**

LABORATORY RESULTS

Reporting Laboratory **Co-operative Lab (Pediatric Clinic, Inc.)**		Telephone **(360)-425-4625**
Laboratory Performing Tests (If different from reporting laboratory)		Telephone
Date Sample Received	Blood Lead Level µg/dl	Sample Type ☐ Venous ☐ Capillary ☐ Unknown

OTHER INFORMATION

Reason for Test ☐ Childhood Screening ☐ Clinical Suspicion ☐ Occupational Monitoring ☐ Unknown ☐ Other	Follow-up Test ☐ Yes ☐ No ☐ Unknown
Occupation (If patient is more than 15 yrs; Of Parents if less than 15 yrs)	Industry
Employer (If patient is more than 15 yrs; Of Parents if less than 15 yrs)	Telephone
Street Address	County

City	State	Zip

MAIL or FAX COMPLETED FORM TO:	FOR MORE INFORMATION:
Washington State Department of Health PO Box 47846 Olympia, WA 98504-7846 Fax: 360-236-3059	Call 1-800-909-9898 (Toll Free in WA) http://www.doh.wa.gov/ehp/lead