| Patient name | | | |
|---|---|---|---|
| MHN | DOB | Age | Gender |

# Blood Lead Level Report



The State of Wisconsin requires reporting of all blood lead levels. Information, except for testing facility section, to be provided by the health care provider.

**Type of specimen being submitted:** ☐ Venous ☐ Capillary

| Race: ☐ White ☐ American Indian ☐ Other (specify) _____ ☐ Black ☐ Asian/Pacific Islander | Ethnic origin: ☐ Hispanic ☐ Non Hispanic |
|---|---|
| Patient address | Apt. |
| City | County |
| State / ZIP | Telephone no. ( ) |
| Parent/Guardian name (if minor) (last) | (first) |
| School/Day care | |
| Occupation/Workplace (18 or older) | |

| Attending physician name |
|---|
| Address |
| |
| Telephone no. ( ) |

**Testing Facility**
Marshfield Labs Special Chemistry
1000 North Oak Avenue
Marshfield, WI 54449-5795

715-221-6700

| Date of collection (m/d/y) | Date of analysis (m/d/y) |
|---|---|
| Blood lead result ____ mcg/dL | Type: ☐ Venous ☐ Capillary |

Signature/Title _____ Date (m/d/y) ____ /____ /____ Time _____