

Maryland Department of the Environment
Reporting Form for Blood Lead Test

Reporting Laboratory (Clinic)	
Laboratory (Clinic) Name:	CLIA#:
Street Address:	
City, Town Zip Code:	
Telephone #:	Contact Person:

Submitting Physician/Provider	
Provider Name:	NPI#:
Street Address:	
City, Town Zip Code:	
Telephone #:	

Patient Information		
Name (Last):	Name (First):	MI:
Date of Birth:	Country of Birth:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	If Female, Pregnancy Status: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Race White <input type="checkbox"/> Afro-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/>		
Ethnicity: Hispanic <input type="checkbox"/> non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/>		
Street Address		Unit:
City/Town:	State:	Zip Code:
Parent/Guardian's Name (Last):		First:
Telephone Number:		

Test Information		
Specimen Drawn Date (mm/dd/yyyy):	Reported Date (mm/dd/yyyy):	
Specimen Type: Venous <input type="checkbox"/> Capillary <input type="checkbox"/>	Blood Lead Level (µg/dL):	
Method of Measurement	Handheld Lead Analyzer (Lead Care) <input type="checkbox"/>	Detection Level: _____
	Other <input type="checkbox"/>	

Fax (410)-537-4112 or mail report to:
Lead Poisoning Prevention Program Surveillance
1800 Washington Boulevard, Suite 630
Baltimore, MD 21230