New Jersey Department of Health
CHILDHOOD LEAD POISONING PREVENTION
PO Box 364, Trenton, NJ 08625-0364

NJDOH Case No.
(Sample ID #):

REPORT OF CHILDHOOD BLOOD LEAD ANALYSIS BY INDEPENDENT LABORATORY
(For Children 16 Years of Age and Under)

Leave shaded areas blank. Type or print ALL other information on this form. All copies must be legible.

PATIENT NAME - Last First M.I.			Date of Birth *(Mo./Day/Yr.)* / /	Sex ☐M ☐F
Street Address (NOT P.O. Box) Apt. No.			Ethnicity ☐Hispanic (H) ☐Non-Hispanic (NH)	
City State Zip Code			Race ☐White (W) ☐Native American (AI) ☐Unknown ☐Black (B) ☐Asian/Pacific Islander (A)	
Patient's Telephone Number		CO/MUN	Medicaid Number	
Specimen Type 1☐Venous 2☐Capillary	Date of Analysis *(Mo./Day/Yr.)* / /	Analysis Results (in ug/100 mL of whole blood) Lead _____ ug/dL EP _____		Testing Method ☐Rapid Assay ☐Confirmatory Test
Name of Physician Submitting Specimen			Physician Telephone Number	
Physician Office Address				
Name of Laboratory Performing Analysis			Laboratory Telephone Number	

LP-3
JUL 12

Distribution: White-NJDOH
Copy-Physician Submitting Specimen
Copy-Local Board of Health (Patient's Address)
Copy-Independent Laboratory