



# Dartmouth-Hitchcock

Department of Pathology and Laboratory Medicine

Dartmouth-Hitchcock Medical Center  
1 Medical Center Drive  
Lebanon, NH 03756-0001  
Phone: (603) 650-7171  
Fax: (603) 650-4845  
DHMC.org

## Lead Reporting Form

*The following information must be provided for all Lead testing to fulfill state requirements and CDC recommendations.*

<b>Patient Name:</b> Last Name, First Name, Middle Initial	<b>Date of Birth:</b> (Month, DD, YYYY)	<b>Gender:</b>
--	---	----------------

**Patient Address:** Street

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
-------------	--------------	-----------------	---------------

<b>If Child, Parent/Guardian:</b> Last Name, First Name	<b>Home Phone</b>
---	-------------------

**Ordering Physician Name:**

**Ordering Physician Address/ Phone:**

<b>Specimen Type:</b> <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <b>Date of Collection:</b> MM/DD/YYYY _____ <b>Time of Collection:</b> HH:MM _____	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

**For adults or occupational exposure**

**Occupation (if applicable):**

**Name of Employer:**