

Use this form to report blood lead levels **greater than or equal to 3.5 µg/dL**. Please print clearly or type.

Fax to (334) 206-3726 within 5 days of testing. Please call (334) 206-3883 with any questions.

Blood lead levels less than 3.5 µg/dL should be reported on the report form for blood lead results <3.5 µg/dL within 5 days of testing.

Last Name		First Name		
Date of Birth	Gender	Race(s)	Ethnicity	
Street Address		City	State	Zip Code
Parent/Guardian		Phone		
Collection Date	Specimen: ___ Venous (Check one) ___ Capillary		Blood Lead Level _____ µg/dL	
Medicaid Number		Other Comments		

Last Name		First Name		
Date of Birth	Gender	Race(s)	Ethnicity	
Street Address		City	State	Zip Code
Parent/Guardian		Phone		
Collection Date	Specimen: ___ Venous (Check one) ___ Capillary		Blood Lead Level _____ µg/dL	
Medicaid Number		Other Comments		

Reporting Facility _____

Name of Sender _____ Phone _____