

Use this form to report blood lead levels **less than 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 greater than or equal to ($\geq$) 3.5 µg/dL should be reported on the report form for blood lead results $\geq$ 3.5 µg/dL within 5 days of testing.*

First Name		Last Name			
Date of Birth	Gender	Race(s)	Ethnicity	Medicaid #	
Street Address			City	State	Zip Code
Collection Date	Specimen: (Check one) ☐ Venous ☐ Capillary		Blood Lead Level _____ µg/dL		

First Name		Last Name			
Date of Birth	Gender	Race(s)	Ethnicity	Medicaid #	
Street Address			City	State	Zip Code
Collection Date	Specimen: (Check one) ☐ Venous ☐ Capillary		Blood Lead Level _____ µg/dL		

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Reporting Facility _____

Name of Sender _____ Phone _____