



LABORATORY ALLIANCE

of Central New York, LLC

www.laboratoryalliance.com

Ph: (315) 461-3008 Fax: (315) 461-3090

PLACE BAR CODE LABEL HERE

VO BOX

Blood Lead Test Requisition

PATIENT INFORMATION

PATIENT NAME (LAST/FIRST/MI)			
COUNTY OF RESIDENCE		SOCIAL SECURITY NO.	
PHONE NO.	DATE OF BIRTH	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS			
CITY, STATE, ZIP			

INSURANCE BILLING INFORMATION

RESPONSIBLE PARTY (SUBSCRIBER)	
SUBSCRIBER SOCIAL SECURITY NO.	
PATIENT RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER _____	
SUBSCRIBER'S ADDRESS (CITY/STATE/ZIP)	
PRIMARY INSURANCE: CO. NAME	
POLICY NO.	GROUP NO.
SECONDARY INSURANCE: CO. NAME	
POLICY NO.	GROUP NO.

TYPE OF SAMPLE
<input type="checkbox"/> LEAD - VENOUS (LEADV) <input type="checkbox"/> LEAD - CAPILLARY/FINGERSTICK (LEADCP)

SPECIMEN INFORMATION

DATE COLLECTED	TIME COLLECTED	COLLECTED BY
/ /	<input type="checkbox"/> AM <input type="checkbox"/> PM	
CLINICAL DIAGNOSIS / ICD9 DIAGNOSIS CODE		

PHYSICIAN'S SIGNATURE REQUIRED

COPY TO _____

THE INFORMATION BELOW IS REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH FOR FOLLOW-UP OF THIS LEAD TEST

PATIENT'S RACE:

AFRICAN AMERICAN (B) CAUCASIAN (W) NATIVE AMERICAN (I) ASIAN (A)

HISPANIC (H) OTHER (O) UNKNOWN (U)

IF PATIENT IS MINOR, PRINT PARENT OR GUARDIAN'S NAME (LAST, FIRST, MI)	PARENT OR GUARDIAN'S PHONE
	/ /

PATIENT AUTHORIZATION

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to Laboratory Alliance of Central New York, LLC.

Signature (Patient or person authorized to consent for patient)

X _____ DATE _____

PRINT PHYSICIAN NAME (Last) (First) (MI)	PHYSICIAN PHONE
	/ /
PHYSICIAN ADDRESS (STREET NUMBER, CITY, STATE, ZIP)	

FOR LABORATORY USE ONLY / LABORATORY PFI #7409

DATE OF ANALYSIS	TECH INITIALS
/ /	
TEST RESULTS	
_____ ug/dL	
COMMENTS	

