

**BLOOD LEAD TEST RESULTS FROM:**

**Children's Medical Group of Salisbury**  
217 Phillip Morris Drive, Wicomico County  
Salisbury, MD 21804  
410-742-2734  
FAX 410-742-4804

NPI 1568429538

CLIA 21D0675486

**This form complies with all requirements set forth by the State of MD  
to provide pediatric blood lead results to:**

MD Dept of the Environment Childhood Blood Lead Registry  
Lead Prevention Poisoning Program  
1800 Washington Blvd, Suite 630  
Baltimore, MD 21230-1719  
**FAX: 410-537-4112**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: (Street) \_\_\_\_\_ Date of birth: \_\_\_\_\_

(County) \_\_\_\_\_ Race: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Country of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Medical Assistance # (if enrolled in Medicaid or MCHP): \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Guardian Contact Information, if different from child:  
\_\_\_\_\_

If child is female, whether the child was pregnant at the time of the blood lead level test: \_\_\_Y \_\_\_ N

**Date specimen collected:** \_\_\_\_\_

**Type of specimen: Capillary**

**Blood lead result:** \_\_\_\_\_ **ug/dL**

**Important notes:**

**Do not fax incomplete forms.**

**Fax all lead results > 5 ug/dL within 24 hours of testing.**

**Fax or mail all other lead levels within 2 weeks of testing.**

Laboratory Medical Director, Dr. Lisa Yamakawa, M.D., 410-742-2734

MA Initials \_\_\_\_\_