

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

This form complies with all requirements set for 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: _____

Guardian Name(s): _____

Guardian Contact Information, if different from child:

Date specimen collected: _____

Type of specimen: Capillary

Blood lead result: _____ **ug/dL**

Important notes:

Do not fax incomplete forms.

Fax all lead results > 20 ug/dL within 24 hours of testing.

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

Laboratory Medical Director, Dr. Francis Celeste, M.D., 410-742-2734
Laboratory Technical Consultant, Dr. Diane Davis, 410-548-4787

Nurse Initials _____

