

Your State Law now requires testing laboratories to report the following demographic information whether the order is placed manually OR electronically. Failure to complete the information in the area below may result in a follow-up call from your State or Local Health Department.

This box is for ARUP use only:
 014125
 Concord Hospital I/F
 250 Pleasant Street
 Concord, NH 03301

REORDER FORM #32991 LEAD 9/04

PATIENT INFORMATION

Name: Last _____ First _____ MI _____
 Sex: _____ Date of Birth: _____
 Patient I.D. #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Phone: (____) _____-_____
 Race: _____ Ethnicity: _____
 Medicaid #: _____
 Patient SSN: _____-_____-_____

If the patient is a CHILD, complete the following:
 Parent or Guardian Name: Last _____ First _____
 Parent or Guardian SSN: _____-_____-_____

If the patient is an ADULT, complete the following:
 Patient Occupation: _____
 Employer Name: _____
 Employer Address: _____
 Employer Phone #: (____) _____-_____

TEST ORDER INFORMATION

Check one of the following:

- 0099045 Arsenic, Blood
- 0025000 Arsenic, Urine
- 0099675 Cadmium, Blood
- 0025013 Cadmium Exposure Panel-OSHA
- 0025040 Cadmium, Urine
- 0025016 Lead, Industrial Exposure Panel
- 0020745 Lead, Whole Blood Capillary
- 0020098 Lead, Whole Blood Venous
- 0099305 Mercury, Blood
- 0025050 Mercury, Urine
- Patient demographics only, order already placed electronically

SAMPLE AND TEST INFORMATION

The following information MUST be provided:

Sample Collection: Date _____ Time _____
 Sample Type (check one): Capillary
 Venous
 Other _____

Purpose (check one): Child Screen Follow-up test
 Clinical Suspicion Repeat test
 Employee Screen Other _____

ORDERING PHYSICIAN INFORMATION

The Physician's name MUST be provided:

Physician's Name: Last _____ First _____
 Address: _____
 Phone #: (____) _____-_____

U.P.I.N.#: _____