

## Heavy Metal Form

### Forma de Metal Pesado

(Lead, Arsenic, Cadmium, Mercury, Copper)  
 (Plomo, Arsénico, Cadmio, Mercurio, Cobre)

|  |   |  |                          |
|--|---|--|--------------------------|
| Patient's name/ <i>Nombre del Paciente</i><br>Last / <i>Apellido</i>                   |   | First / <i>Nombre</i>                          | MI                       |
| Guardian's name / <i>Nombre del guardian</i><br>Last / <i>Apellido</i>                 |   | First / <i>Nombre</i>                          |                          |
| Public aid group # / <i>Número del grupo</i><br>Public aid ID # / <i>Ayuda Pública</i> | Date of birth / <i>Fecha de nacimiento</i>  | Male / <i>Hombre</i><br>Female / <i>Hembra</i> |                          |
| Telephone # / <i>Número de teléfono</i>  | Street address / <i>Domicilio</i>   |  |                          |
| Apt # / <i>Apartamento</i>   | City / <i>Ciudad</i>  | State / <i>Estado</i>                          | Zip Code / <i>Código</i> |
| County / <i>Condado</i>  | Race / <i>Raza</i> - White / <i>Blanco</i> Hispanic / <i>Hispano</i> Asian / <i>Asiático</i><br>Black / <i>Negro</i> American Indian / <i>Indio Americano</i> Other / <i>Otro</i> _____ |  |                          |
| Employer / <i>Empleador</i>  |   | Occupation / <i>Ocupación:</i>                 |                          |
| Address / <i>Domicilio</i>   |   |  |                          |
| Test requested: Lead Cadmium<br>Arsenic Mercury Copper Heavy                           |   | Date specimen collected                        |                          |
| Specimen type: Blood Urine   |   | Blood type: Venous Capillary                   |                          |

Please complete all information and attach this form to the test requisition.  
 Send both with the specimen in the transport bag to the laboratory.