Blood Lead Test Requisition

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

PATIENT INFORMATION

PATIENT NAME (LAST/FIRST/MI)

COUNTY OF RESIDENCE | SOCIAL SECURITY NO.

PHONE NO. | DATE OF BIRTH | SEX ❑ MALE ❑ FEMALE

STREET ADDRESS

CITY, STATE, ZIP

INSURANCE BILLING INFORMATION

RESPONSIBLE PARTY (SUBSCRIBER)

SUBSCRIBER SOCIAL SECURITY NO.

PATIENT RELATIONSHIP TO INSURED
❑ SELF ❑ SPOUSE ❑ CHILD ❑ 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

❑ LEAD - VENOUS (LEADV) ❑ LEAD - CAPILLARY/FINGERSTICK (LEADCP)

SPECIMEN INFORMATION

DATE COLLECTED / / | TIME COLLECTED ❑AM ❑PM | COLLECTED BY

ICD10 DX CODE(S) FOR TESTS ORDERED *(MUST BE PROVIDED)*

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

RACE (*MUST* Check Box)

- ❑ AMERICAN INDIAN *or* ALASKA NATIVE (I)
- ❑ ASIAN (A)
- ❑ BLACK or AFRICAN AMERICAN (B)
- ❑ PACIFIC NATIVE HAWAIIAN *or* OTHER PACIFIC ISLANDER (P)
- ❑ White (W)
- ❑ Other Race (O)

ETHNICITY (*MUST* Check Box)

- ❑ HISPANIC *or* LATINO (H)
- ❑ NOT HISPANIC *or* LATINO (N)
- ❑ 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 / / | TEST RESULTS _____ ug/dL | TECH INITIALS

COMMENTS

WHITE – LABORATORY COPY PINK – CHEMISTRY COPY BLUE – PHYSICIAN COPY