

101 NORTH CHESTNUT STREET, PO BOX 570 JEFFERSON CITY, MO 65101 (573) 751-3334

http://health.mo.gov/lab/index.php

						Accession Number Barcode (For SPHL use only)			
TEST REQUESTED									
SPECIMEN TYPE		DATE C	OLLECTED (	YYYY/MM/DD)	SPECIMEN	ID (SUBMITTER	RS SPECIMEN ID)		
Venous	Capillary								
PATIENT INFORMAT	TION (REQUIRED)				•				
PATIENT LAST NAME				PATIENT FIRS	ST NAME				
BIRTH DATE (YYYY/MM/DD)	ADDRESS								
SIRTITIONTE (TTTT/MINIOD)	ADDICESO								
CITY		s	TATE	ZIP CODE		TELEPHONE	NUMBER		
GENDER		RACE							
Female Male	е	Whi	ite Bla	ack/African Ar	merican	Asian	American Inc	dian/Alaska	an Native
ETHNICITY		Nati	ive Hawaii	an/Pacific Isla	ander	Other	Unknown		
Hispanic Non	Hispanic Unknown					0.0101	J		
ORDERING CLINICIA	AN INFORMATION								
LAST NAME					FIRST NAME				
CLINICIAN FACILITY NAME				'	TELEP	HONE NUMBER	?		
ADDRESS			(	CITY				STA	TE ZIP CODE
								STA	TE ZIP CODE
	MATION (RESULTS AF	RE RETUR			RESS)			STA	TE ZIP CODE
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SUBMITTER INFORI	-		RNED TO			OUTREACH	EVENT		
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	NT INFORMATION	s	CITY  UBMITTER T	THIS ADDR	IBER PAF	RENT/GUARDIA	N DAYTIME PHONE	STATE	
SUBMITTER INFORING NUMBER  ADDRESS  SUBMITTER CONTACT NAME  ADDITIONAL PATIENT  PARENT/GUARDIAN LAST NAME  REASON FOR LEAD SCREENING  ROutine Screening	NT INFORMATION ME Confirmatory Venous	PARENT/GUA Follow-u	CITY  CITY  UBMITTER T  RDIAN FIRST	THIS ADDR	IBER PAF	RENT/GUARDIA	N DAYTIME PHONE	STATE	
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SUBMITTER INFORINUMBER  ADDRESS  SUBMITTER CONTACT NAME  ADDITIONAL PATIENT  PARENT/GUARDIAN LAST NAME  REASON FOR LEAD SCREENING  Routine Screening  Prenatal Screening  BILLING INFORMAT	NT INFORMATION ME Confirmatory Venous	PARENT/GUA Follow-u nployer's Na	CITY  CITY  RDIAN FIRST  TO Sylame:  50 per sal	THIS ADDR	PAF Page and Poison pe will be	RENT/GUARDIA	N DAYTIME PHONE	STATE	ZIP CODE
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MO 580-3135 (4-18)

LAB 13C1

