



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
ENVIRONMENTAL LEAD TEST REQUEST

101 North Chestnut Street, PO Box 570
 Jefferson City, MO 65101
 (573) 751-3334
<http://health.mo.gov/lab/index.php>

Environmental lead analysis is used to follow up confirmed elevated lead levels of children. Samples will only be analyzed if submitted by a State or Local Public Health official. Please fill out this form as completely as possible.

SAMPLE INFORMATION				
DATE COLLECTED	LICENSED RISK ASSESSOR LAST NAME, FIRST NAME	ASSESSOR PHONE NUMBER	COLLECTION LOCATION NAME	
COLLECTION LOCATION ADDRESS		CITY	STATE	ZIP CODE
SUBMITTER INFORMATION (RESULT REPORTS ARE DELIVERED TO THIS ADDRESS)				
SUBMITTING FACILITY (LPHA, BEE, BEHS, DNR, ETC)		SUBMITTER TELEPHONE NUMBER/EXT		
SUBMITTING FACILITY ADDRESS		CITY	STATE	ZIP CODE
PATIENT / PARENT/GUARDIAN INFORMATION				
PATIENT ID	PATIENT LAST NAME	PATIENT FIRST NAME	PATIENT MI	PATIENT DATE OF BIRTH
PARENT/GUARDIAN NAME (LAST, FIRST)			PARENT/GUARDIAN TELEPHONE NUMBER/EXT	
ADDRESS		CITY	STATE	ZIP CODE
PROPERTY INFORMATION				
LOCATION TYPE School Child Care Residence Other _____		OWNER LAST NAME	OWNER FIRST NAME	
OWNER TELEPHONE NUMBER/EXT	OWNER ADDRESS		CITY	STATE ZIP CODE
LEAD RISK ASSESSMENT Samples are part of a Lead Risk Assessment		OB/INV ID		
PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION BELOW FOR EACH SAMPLE SUBMITTED			FOR LABORATORY USE ONLY	
SAMPLE TYPE	Soil	Paint	Dust Wipe	ACCESSION NUMBER
LOC DESC				SAMPLE ACCEPTABLE FOR ANALYSIS
COMP TYPE				
SBSTR TYPE/COLOR				
PAINT CONDITION				
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