



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	
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COLLECTION LOCATION ADDRESS	CITY	STATE	ZIP CODE
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SUBMITTER INFORMATION (RESULT REPORTS ARE DELIVERED TO THIS ADDRESS)

SUBMITTING FACILITY (LPHA, BEE, BEHS, DNR, ETC)	SUBMITTER TELEPHONE NUMBER/EXT
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SUBMITTING FACILITY ADDRESS	CITY	STATE	ZIP CODE
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PATIENT / PARENT/GUARDIAN INFORMATION

PATIENT ID	PATIENT LAST NAME	PATIENT FIRST NAME	PATIENT MI	PATIENT DATE OF BIRTH
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PARENT/GUARDIAN NAME (LAST, FIRST)	PARENT/GUARDIAN TELEPHONE NUMBER/EXT
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ADDRESS	CITY	STATE	ZIP CODE
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PROPERTY INFORMATION

LOCATION TYPE	OWNER LAST NAME	OWNER FIRST NAME
School Child Care Residence Other _____		

OWNER TELEPHONE NUMBER/EXT	OWNER ADDRESS	CITY	STATE	ZIP CODE
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LEAD RISK ASSESSMENT Samples are part of a EBL Lead Risk Assessment	OB/INV ID
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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				
COMP TYPE				
SBSTR TYPE/COLOR				
PAINT CONDITION				SAMPLE ACCEPTABLE FOR ANALYSIS

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COMP TYPE					
SBSTR TYPE/COLOR					
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