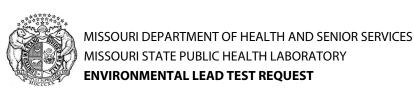


101 North Chestnut Street, PO Box 570 Jefferson City, MO 65101 (573) 751-3334

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 INFORMAT				10050000	NIONE NUMBER	1							
DATE COLLECTED	LICENSED RISK ASSESSOR LAS	PHONE NUMBER COLLECTION LOCATION NAME											
COLLECTION LOCATION ADDRESS				CITY						STATE	ZIP CODE		
SUBMITTER INFORM	(ESS)												
SUBMITTING FACILITY (LPHA, BEE, BEHS, DNR, ETC)  SUBMITTER TELEPHON					·								
SUBMITTING FACILITY ADDRESS			CITY	CITY				STATE	TATE ZIP CODE				
PATIENT / PARENT/	GUARDIAN INFORMATION												
	PATIENT LAST NAME		PATIE	NT FIRST NA	T FIRST NAME PATIENT MI PATIENT DATE OF BIRTH						TE OF BIRTH		
PARENT/GUARDIAN NAME (LAST, FIRST)					PARENT/GUARDIAN TELEPHONE NUMBER/EXT								
ADDRESS			CITY	CITY				STATE ZIP CODE					
PROPERTY INFORMA	ATION												
LOCATION TYPE			С	OWNER LAST NAME			OWNER FIRST NAME						
School Child Care Residence Other													
OWNER TELEPHONE NUMI	BER/EXT OWNER ADDRESS				CITY					ST	ATE	ZIP CODE	
PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION BELOW FOR EACH SAMPLE SUBMITTED					FOR LABORATORY USE ONLY								
SAMPLE TYPE Soil Paint Dust Wipe SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.)					ACCESSION N	UMBER							
						SAMPLE ACCEPTABLE FOR ANALYSIS							
SAMPLE TYPE Soil Pa	int Dust Wipe				ACCESSION N	UMBER							
					SAMPLE ACCEPTABLE FOR ANALYSIS								
SAMPLE TYPE Soil Pa	int Dust Wipe				ACCESSION N	UMBER							
SAMPLE DESCRIPTION (LC	OCATION, AREA WIPED, ETC.)												
					SAMPLE	ACCE	PTAE	BLE FOR	R ANA	ALYSIS			
MO 580-1325 (01-17	")											Lab-18	



MO 580-1325 (01-17)

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Lab-18

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. PATIENT / FACILITY / SAMPLE INFORMATION PATIENT NAME PATIENT ID COLLECTION LOCATION NAME DATE COLLECTED SAMPLE TYPE ACCESSION NUMBER Soil Paint **Dust Wipe** SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS SAMPLE TYPE ACCESSION NUMBER Soil Paint **Dust Wipe** SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS SAMPLE TYPE ACCESSION NUMBER Soil Paint Dust Wipe SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS SAMPLE TYPE **ACCESSION NUMBER Dust Wipe** Soil Paint SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS SAMPLE TYPE ACCESSION NUMBER Soil Paint **Dust Wipe** SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS SAMPLE TYPE ACCESSION NUMBER Soil Paint **Dust Wipe** SAMPLE DESCRIPTION (LOCATION, AREA WIPED, ETC.) SAMPLE ACCEPTABLE FOR ANALYSIS