



**Wisconsin State
Laboratory of Hygiene**
UNIVERSITY OF WISCONSIN-MADISON

Prof. James J. Schauer, PH.D., Director
D.F.I. Kurtycz, M.D., Medical Director
2601 Agriculture Drive
Madison, WI 53707-7996
http://www.slh.wisc.edu

Customer Service: 608-224-6252, 800-442-4618
Kits/Supplies: 608-224-6257, 800-442-4618

Toxicology - 07/2017

WSLH# 261

**Submitter Information:
Chem Response**

(1) Patient Last Name		First Name	Middle Name	Submitter Information: Chem Response
(2) Name Change – Former Last Name				
(3) Patient Address				
(4) City	State	Zip	(5) County of Patient's Residence	
(6) Date of Birth	(7) Age	(8) Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	(13) to have additional copies of reports sent, enter address(es) on back and check box <input type="checkbox"/>
(9) Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	(10) Race <input type="checkbox"/> White <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other		(14) Authorizing Provider	
(11) Chart #/Patient ID Number	(12) Submitter Specimen ID Number	(15) NPI #		

Billing: Bill to Chemical Emergency Response
acct# 18870

20) Please fill in the appropriate ICD-10 Code(s) below.

(A) ICD-10 Code _____ (B) ICD-10 Code _____ (C) ICD-10 Code _____ (D) ICD-10 Code _____

(21) Date of Collection	(22) Time of Collection	(23) Collector
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Check All That Apply

- Lead, capillary Mercury, blood
 Lead, venous Other **Brodifacoum**

Additional Patient Information (Blood lead testing ONLY)

CHILDREN UNDER 18 YEARS OF AGE		ADULTS
Parent/Guardian Name (First & Last)	Phone	Parent/Guardian Relationship To Patient