



1111 6<sup>th</sup> Avenue • Des Moines, IA 50314  
P: (515) 247-4439 • (877) 263-1622  
[WWW.MERCYDESMOINES.ORG/MCL](http://WWW.MERCYDESMOINES.ORG/MCL)

PLACE PATIENT  
INFORMATION LABEL HERE

## Lead Testing Demographic Form

**PATIENT INFORMATION:**

_____ PATIENT ID/MRN	_____ LAST NAME	_____ FIRST NAME
_____ BIRTH DATE	_____ PATIENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	
( ) _____ PHONE NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE GENDER	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> UNKNOWN ETHNICITY
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIIN/PACIFIC ISLANDER <input type="checkbox"/> OTHER PATIENT RACE		

**ORDERING HEALTH CARE PROVIDER INFORMATION:**

_____ ORDERING PHYSICIAN'S LAST NAME	_____ ORDERING PHYSICIAN'S FIRST NAME	_____ NPI/FACILITY'S PROVIDER ID
_____ ORDERING PHYSICIAN'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		_____ ORDERING PHYSICIAN'S PHONE NO.

**SAMPLE INFORMATION:**

____/____/____ DATE COLLECTED	____:____ TIME COLLECTED	<input type="checkbox"/> CAPILLARY BLOOD <input type="checkbox"/> VENOUS BLOOD
----------------------------------	-----------------------------	--