Please complete the data in the right hand column using block style printing and Fax in the results.   
Call us with questions: Ezatollah Keyvan-Larijani Tel: 410-537-3987 [ezatollah.keyvan@maryland.gov](mailto:ezatollah.keyvan@maryland.gov)     
Maryland Department of the Environment, Lead Poisoning Prevention Program

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| --- | --- | --- | --- |
| **Field Name** | **Field Type** | **Field Description (Codes)** | **DATA – Complete in BLOCK style printing** |
| Spec\_Dt | Date | Date blood is drawn (yyyymmdd) |  |
| Last\_Na | Character | Last name |  |
| First\_Na | Character | First name |  |
| Initial | Character | Middle initial |  |
| Street | Character | Street name |  |
| House\_Nbr | Character | House number |  |
| Apt\_Nbr | Character | Apartment number |  |
| City | Character | City |  |
| County | Character | County |  |
| State | Character | State abbreviation |  |
| Zip | Character | Zip code |  |
| Glast\_Na | Character | Guardian/parent **last** name |  |
| Gfirst\_Na | Character | Guardian/parent first name |  |
| Pt\_Phone | Character | Patient telephone number |  |
| Race | Character | Race (self-described) 1 - American Indian/Alaskan Native 2 - Asian/Pacific Islander 3 - Black 5 - White 7 - Multiracial 8 - Other 9 - Unknown |  |
| DOB | Date | Date of birth (yyyymmdd) |  |
| Sex | Character | Sex/Gender M – Male, F – Female,  U – Unknown |  |
| Sam\_Typ | Character | Sample (specimen) type C - Capillary V – Venous, Z – Unknown |  |
| Lead\_Result in ug/dL | Whole Number only  <3, #, or >65 | Blood Lead Result  in ug/dL |  |
| Provider | Character | Provider name |  |
| Prov\_Addr | Character | Provider address line1 |  |
| Prov\_Addr2 | Character | address line 2 |  |
| Prov\_City | Character | Provider city |  |
| Prov\_State | Character | Provider state (MD) |  |
| Prov\_Zip | Character | Provider zip code |  |
| Prov\_Phone | Character | Provider telephone |  |