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
Maryland Department of the Environment, Lead Poisoning Prevention Program

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Native2 - Asian/Pacific Islander3 - Black5 - White7 - Multiracial8 - Other9 - Unknown |   |
| DOB | Date | Date of birth (yyyymmdd) |   |
| Sex | Character | Sex/GenderM – Male, F – Female, U – Unknown |   |
| Sam\_Typ | Character | Sample (specimen) type C - CapillaryV – Venous, Z – Unknown |   |
| Lead\_Resultin ug/dL | Whole Number only<3, #, or >65 | Blood Lead Resultin 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  |   |