

**CHILDHOOD LEAD SCREENING LABORATORY, MA DEPARTMENT OF PUBLIC HEALTH
305 SOUTH STREET, BOSTON, MA 02130-3597. TEL: 617-983-6665; FAX: 617-983-6677**

(This form is downloadable at: <http://www.mass.gov/dph/bls>)

DATE SAMPLE TAKEN

CHILD'S LAST NAME		FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YY)	SEX
STREET ADDRESS		APT. #	CITY OR TOWN		STATE ZIP CODE
PARENT OR GUARDIAN'S LAST NAME			PARENT OR GUARDIAN'S FIRST NAME		TELEPHONE ()
I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO LABORATORY. SIGNATURE:					
<input type="checkbox"/> BOSTON HEALTH NET:		<input type="checkbox"/> NETWORK HEALTH:		OTHER INSURANCE NAME, ADDRESS, & TELEPHONE #: INSURANCE CERTIFICATE ID #: INSURANCE GROUP #: SUBSCRIBER RELATIONSHIP TO PATIENT:	
<input type="checkbox"/> BLUE CROSS:		<input type="checkbox"/> TUFTS:			
<input type="checkbox"/> NEIGHBORHOOD HEALTH PLAN:		<input type="checkbox"/> MEDICAID (MASS HEALTH):			
<input type="checkbox"/> HARVARD PILGRIM HEALTH PLAN:		<input type="checkbox"/> INSURANCE CODE SEE BACK:			
<input type="checkbox"/> OTHER INSURANCE: Please provide name, address, & phone # on right					
SUBSCRIBER NAME:			SUBSCRIBER RELATIONSHIP TO PATIENT:		
SECONDARY INSURANCE NAME:			SECONDARY INSURANCE CERTIFICATE ID:	SECONDARY SUBSCRIBER NAME:	
HEALTHCARE PROVIDER NAME, ADDRESS, & TELEPHONE #:					
5 OR 6-DIGIT PROVIDER CODE # (listed on our REPORT):			PHYSICIAN'S FULL NAME (LAST, FIRST):		
PROVIDER (AGENCY)'S 10-DIGIT NPI #:			PHYSICIAN'S 10-DIGIT NPI #:		
PATIENT MRN OR SAMPLE ID:				SPECIMEN TYPE: FINGER STICK: <input type="checkbox"/> VENIPUNCTURE: <input type="checkbox"/>	

For Lab Use Only

RACE CODES (CIRCLE CODE BELOW)	ETHNICITY CODES (CIRCLE CODE BELOW)	ADDITIONAL INSURANCE CODES (ENTER ON FRONT OF THE FORM)	
1. American Indian or Alaskan Native 2. White 3. Asian 4. Black or African American 5. Native Hawaiian/Other Pacific Islander 6. Other (Multi-Racial) 7. UNKNOWN	1. Hispanic/Latino 2. Non-Hispanic/Latino 3. Unknown	a. AETNA c. CIGNA e. FALLON COMMUNITY g. GEHA i. Oxford Freedom Plan k. Sierra Military Health Service m. UMR	b. CHAMPVA d. GIC – UniCare State Indemnity Plan f. GREAT WEST INSURANCE h. Nantucket Cottage Hospital j. SELF PAY l. TRICARE n. UNITED HEALTH CARE

PLEASE READ THIS CAREFULLY

Massachusetts has a mandatory universal screening requirement for lead poisoning. All children shall be screened for lead poisoning once between the ages of nine and 12 months, and again at ages two and three years. In addition, children who live in one of the cities and towns at high risk for childhood lead poisoning, as determined by the State Program and distributed to clinicians and the public, shall be screened until age four. Other four year olds may be screened at the discretion of their healthcare provider.

Screening of Children at High Risk for Lead Poisoning

Children shall be screened for lead poisoning more than once a year when they meet one of the high-risk criteria below, or whenever in the sound judgment of the health care provider they are at high risk of lead poisoning:

- Living in a pre-1978 home with deteriorated paint or plaster, unless it has been inspected by a lead inspector and found not to contain lead-based paint: At least every six months between the ages of six months and three years, and again at ages four and five.

- Having siblings or playmates who are lead poisoned: At least every six months between the ages of six months and three years, and again at ages four and five.

- Living in a pre-1978 home undergoing renovation, unless it has been inspected by a lead inspector and found not to contain lead-based paint or plaster: Within four weeks of the start of the renovation project, once a month thereafter its duration, and once after its completion.