

Data Elements Required on Blood Lead Tests  
Laboratory Reporting Requirements

**Minimum data elements will include:**

First Name, Last Name

DOB

Sex

Race

Ethnicity

Street Address, City, State, Zip Code

Medicaid Cardholder - Yes/No or Medicaid ID Number

Name, Address & Phone Number of Testing Laboratory

PbB Result

Specimen Type (Venous or Capillary)

Specimen Date

Name, Address & Phone Number of Health Care Provider