



Health Care Agency/Public Health Services
Childhood Lead Poisoning Prevention Program

Fingerstick Training Interest Form

If you are interested in receiving a Fingerstick Training, please complete and fax this form to us at (714) 834-7948, Attention: Lead Program.

Date: _____

Provider information:

Name: _____

Name of Clinic: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Contact person: _____

Laboratory: _____

Number of staff needing training: _____

Current method of blood lead testing:

- Refer out to laboratory
- Draw venous specimen in office

Best days of week/time to conduct training: _____

Comments: _____

Please fax to (714) 834-7948 Attention: Lead Program

Thank you!