

ELEVATED BLOOD LEAD REPORTING FORM

Report blood lead levels of ≥ 3.5 $\mu\text{g/dL}$ within one working day

| | | | | | | | | | | | |
|---|--|--|----------------|---------------|------------------------|----------------|----------------------|-------------------|---------------|-----------------|--|
| Patient Name (Last) | | | (First) | | (MI) | | Date of Birth | | Gender | | |
| Patient Address (Street) | | | | (City) | | (State) | | (Zip Code) | | (County) | |
| Telephone | | | | | Parent/Guardian | | | | | | |
| Race: <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---------------------------------------|--|--|------------------|---------------|--|------------------------------------|---------------------------|--|---|-------------------|--|-------------------|--|
| Name of Provider Ordering Test | | | | | | | Provider Telephone | | | | | | |
| Provider Address (Street) | | | | (City) | | | (State) | | | (Zip Code) | | (County) | |
| Reporting Laboratory | | | | | | | Laboratory Phone | | | | | | |
| Date Sample Drawn | | | Sample No | | | TEST RESULTS | | | Sample Type | | | | |
| Date Sample Analyzed | | | | | | | | | | | | Blood Lead | |
| | | | | | | $\mu\text{g/dL}$ | | | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary | | | | |

| | | | | | | | | | | |
|---|--|-----------------|--|--|---|-------------------|---------------|--|--|--|
| Occupational Monitoring? | | Employer | | | | Occupation | | | | |
| _____ Yes _____ No _____ Unknown | | | | | | | | | | |
| Possible Source of Lead Exposure? | | | | | Children/Pregnant Women in Home? | | | | | |
| | | | | | _____ Yes _____ No _____ Unknown | | | | | |
| Name/DOB of other children/pregnant woman in household | | Name(s) | | | | | DOB(s) | | | |
| | | | | | | | | | | |

NOTES: