OREGON HEALTH AUTHORITY

ELEVATED BLOOD LEAD REPORTING FORM

Report blood lead levels of ≥ 3.5 µg/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: ☐ Native American/Native Alaskan ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ 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
				☐ Venous
Date Sample Analyzed		Blood Lead µg/dL	ZPP	☐ Capillary

Occupational Monitoring? _____Yes _____No _____Unknown	Employer	Occupation

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:

Lead Poisoning Prevention Program
(P) 971-673-0440; (F) 971-673-0457
leadprogram@odhsoha.oregon.gov
healthoregon.org/lead

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