BLOOD LEAD REPORT FORM

P.O. Box 64975, St. Paul, MN 55164-0975
Phone: (651) 201-5000 Fax: (651) 201-4909

PATIENT INFORMATION:

LAST NAME_____ **FIRST NAME**_____ **MI**_____

STREET ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP**_____

COUNTY_____ **PHONE**__(_____)_____-_____ **BIRTHDATE** _____/_____/_____

GENDER (circle one)
(1) Male
(2) Female

PATIENT'S RACE (circle as many as appropriate)
(1) American Indian, Eskimo or Aleutian
(2) Asian
(3) Black
(4) White
(5) Native Hawaiian or Other Pacific Islander
(9) Unknown

PATIENT'S ETHNICITY (circle one)
(1) Hispanic
(2) Non-hispanic
(9) Unknown

GUARDIAN NAME (if child patient)

_____ _____
(Last Name) (First Name)

ADULT PATIENT'S EMPLOYER*

_____

TEST INFORMATION:

DATE DRAWN ____/____/____ **DATE ANALYZED** ____/____/___ **BLOOD LEAD RESULT** ___ ___ . ___ µg/dL **TEST TYPE** ___Capillary ___Venous

ANALYSIS LAB INFORMATION:

LAB NAME ____MedTox Scientific,Inc._____

ADDRESS _____402 West County Road _____

CITY _____St. Paul_____ STATE _____MN___

ZIP _____55112____ PHONE _(_651_) 636_-_7466__

HEALTH CARE PROVIDER INFORMATION:

PHYSICIAN NAME _____

CLINIC NAME _____

ADDRESS _____

CITY _____ **STATE** _____

ZIP _____ **PHONE** _(_____)_____-_____

*Not Required

Under the Minnesota Data Practices Act, the information requested on this form must be kept private by any health department staff who receive it. A report of an elevated blood lead level may be reported to a local health department for follow-up. Summaries of blood lead data are reported to the Legislature to describe the extent of lead poisoning in Minnesota. Refusal by a patient or a parent of a patient to provide this information will not affect the eligibility of the patient to receive any benefits.

Minnesota Statutes, section 144.9502, requires medical laboratories to report all blood lead analyses and related information to the Minnesota Department of Health.

Please mail completed form to: **MN Department of Health**
EIA - Blood Lead Surveillance
P.O. Box 64975
St. Paul, MN 55164-0975
OR Fax to: **(651) 201-4909**

Print this form via our website at: *http://www.health.state.mn.us/divs/eh/lead/surv/labreport.pdf* 12/07/2005