

BLOOD LEAD LAB REPORTING

This form is authorized under sections 250.04(3) and 254.13, Wis. Stats. and Chapter DHS 181, Wis. Admin. Code. Health care providers and laboratories are required to report all blood lead test results and all other information shown on this form if they obtain or analyze blood to determine lead in blood. Failure to report all this information within the required time limits is subject to forfeiture of up to \$5,000 per day of violation. The Department of Health Services will keep personally identifiable information about the patient confidential and will use these data only for legally authorized purposes.

Patient's Last Name	First Name	Middle Initial

Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Check Appropriate Box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown
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Race (Mark all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander

White Unknown Other, specify: _____

Patient's Street Address	Apartment Number

City	County	State	Zip Code

Parent / Guardian (Last, First, Middle Initial) (If Patient is Under 18 Years of Age)

Telephone Number of Patient or Parent / Guardian (If Patient is Under 18 Years of Age)

Home: - - Work: - -

Patient's Employer Name (If Patient is 16 Years of Age or Older)	Occupation

Employer's Address (Street, City, State, Zip Code)

Name of Health Care Provider	Telephone Number
	- -

Address of Provider (Street, City, State, Zip Code)

Name of Physician (If Different than Health Care Provider)	Telephone Number
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Address of Physician (Street, City, State, Zip Code)

Date Blood Collected (mm/dd/yyyy)	Blood Collection Type (Check One) <input type="checkbox"/> Venous <input type="checkbox"/> Capillary
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ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name	Clinical Laboratory Improvement Amendment Number

Address (Street, City, State, Zip Code)	Telephone Number
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Date of Analysis (mm/dd/yyyy)	Blood Lead Test Result: _____ micrograms lead per deciliter of blood
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Timetable for Reporting	
Blood Lead Result (micrograms/deciliter)	Report Within
45 or more	24 hours
5 - 44	48 hours
0 - less than 5	10 days

Submit to:
 Wisconsin Department Of Health Services
 Division of Public Health
 1 W Wilson Street, Room 145
 Madison, WI 53703-2659
Fax No.: 608-267-0402

For more information on adult blood lead test reporting visit <https://www.dhs.wisconsin.gov/adult-lead/labs-researchers.htm>, and for childhood blood lead test reporting visit <https://www.dhs.wisconsin.gov/lead/test-your-child.htm>
 For information about electronic reporting, or other questions, email dhsleadpoisoningprevention@wi.gov.