DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00017 (04/2014)

STATE OF WISCONSIN
Bureau of Environmental & Occupational Health
Chapter DHS 181
608-266-5817

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 $1,000 per day of violation or a fine of up to $5,000. 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 Name (Last, First, Middle Initial)	Medical Assistance Number (If Applicable)

Date of Birth (mm/dd/yyyy)	Gender	Ethnicity (Check Appropriate Box)
	☐ Male ☐ Female	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race (Check Appropriate Box)

☐ Native American ☐ Asian/Pacific Islander ☐ Black ☐ 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
	- -

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

Date Blood Collected (mm/dd/yyyy)	Blood Collection Type (Check One)
	☐ Venous ☐ Capillary

ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name	Clinical Laboratory Improvement Amendment Number
Allina Health Laboratory	24D0401558

Address (Street, City, State, Zip Code)	Telephone Number
2800 -10th Avenue South, Minneapolis, MN 55407	612-863-4678

Date of Analysis (mm/dd/yyyy)	**Result: _____ micrograms lead per 100 milliliters of blood**

Timetable for Reporting	
Blood Lead Result (micrograms/100 milliliters)	Report Within
45 or more	24 hours
10 – 44	48 hours
0 – less than 10	30 days

Return to:
WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Public Health
CLPPP/ABLES, Rm 145
P. O. BOX 2659
Madison, WI 53701-2659
Fax No.: 608-267-0402