

Blood Lead Test Reporting Form

Health Care Provider Confidential Communication

Fax completed report to:
Office of Environmental Health Hazards & Indoor Air
Attn: Lead Poisoning Program
Fax: 402-471-8833

For lead poisoning and reporting questions, contact:
Phone: 402-471-0386
Web: www.dhhs.ne.gov/lead

I request additional report forms. Please send ___ copies

Please complete as much information as possible (* denotes required)

Provider Info	Name of Provider Ordering Test*		Provider Phone	Today's Date
	Clinic/Institution/Facility		Submitted by	
	Street Address*		City, ST	Zip

Patient Info	Patient Last Name*		First*	MI	
	If < 19: Parent/Guarding Last Name		First	MI	
	Street Address*				
	City, ST, Zip*		County	Phone 1	Phone 2
	Date of Birth* (mm/dd/yyyy)	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
	Occupation	Employer	Patient in occupational health monitoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A		

Lab Info	Lead Test Result (in mcg/dL)*	Test Type*: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	Collection Date*	Analysis Date*
	Known Source of Lead Exposure? If yes, describe	Reporting Laboratory		Phone
	Reporting Laboratory Street Address	City, ST, Zip		County

Reporting Requirement

Pursuant to DHHS regulations, Title 173, Chapter 1, sections 1-004.02 and 1-005.01C3 Reporting Lead Analysis, ALL blood lead test results are required to be reported the Department within 7 days of detection, including the following information: home address, sex, and specimen type (capillary or venous). You can access the complete reportable disease regulations for Nebraska at http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-1.pdf

Privacy Statement

The Nebraska Department of Health and Human Services is an agency of State of Nebraska and is conducting lead poisoning in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR 164.501]. Pursuant to 45 CFR 164.512(b) of the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities "... authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. . ." The information being requested represents the minimum necessary to carry out the public health purposes of pesticide poisoning surveillance pursuant to 45 CFR 164.514(d) of the Privacy Rule.