

Blood Lead Level Report

Healthcare Provider Confidential Reporting Form

Submit within 7 days to:

Nebraska DHHS
Office of Epidemiology
ATTN: Lead Program
PO Box 95026
Lincoln, NE 68509-5026
Fax Number: 402-471-3601

Report Information

Reporting Facility: _____
Clinic/Site Name: _____
Clinic/Site Address: _____
Phone: _____
Report Date: _____

PATIENT INFORMATION:

Last Name:	First Name:	M.I.:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Street Address:	Apt or Unit #:	
City:	State:	Zip:
Phone:	Parent/Guardian Name:	
Race*: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Am Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other Race	Ethnicity*: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes Medicaid ID#: _____	Occupation (if ≥16 years old):	Pregnancy Status:

TEST INFORMATION:

Sample Collection Date: _____	Ordering Provider: _____
Result: _____ (in µg/dL)	Sample Type: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous

TEST COMMENTS:

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All items in **bold** are required. *Required if available. Report by fax or mail within 7 days. For questions regarding reporting, call 402-471-2937.

All blood lead level tests conducted in Nebraska are required to be reported by health care providers and laboratories pursuant to Nebraska reportable disease regulations (173 NAC 1) and Neb. Rev. Stat. (71-2518). All results are required to be reported within 7 days, including negative tests.