



Return to:

Blood Lead Surveillance Group MC1964
 Environmental and Injury Epidemiology
 and Toxicology Unit
 PO Box 149347
 Austin, Texas 78714-9347

ADULT BLOOD LEAD REPORTING

Fax : (512) 776-7699
 Phone: (512) 776-7151
 1-800-588-1248 (Toll-free)

INFORMATION AT TIME OF BLOOD LEAD COLLECTION

P A T I E N T	Last Name:		First Name:		Middle Name:	Parent/Guardian (if under 16 years of age):			
	Street Address:		Apt #:	City:		County:	State:	Zip Code:	
	Home Telephone: ()					Ethnicity:		Race:	
	Medicaid / EPSDT# (optional):			Date of Birth: (mm/dd/yyyy):			<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
							<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black	
							<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian/Pacific Islander	
Social Security # :			Sex:	Male		<input type="checkbox"/> Other- Explain here	<input type="checkbox"/> Native American/ Alaskan Native		
				Female			<input type="checkbox"/> Mixed/Multi-racial		
							<input type="checkbox"/> Unknown		

T E S T	Sample Collection Date: (mm/dd/yyyy)	Blood Lead Level: mcg/dL (micrograms per deciliter)	Sample Type:		Testing Initiated By:		
			<input type="checkbox"/> Capillary			<input type="checkbox"/> Company Routine Testing	
			<input type="checkbox"/> Venous			<input type="checkbox"/> Private Physician	
			<input type="checkbox"/> Unknown			<input type="checkbox"/> Other:	
S E T	Physician Requesting Blood Lead Test and Clinic Name:	Street	City	State/Zip	Phone: ()		
					Fax: ()		
S E T	Testing Laboratory:	Street	City	State/Zip	Phone: ()		
					Fax: ()		
T	Symptoms (describe if any):						

E M P L O Y E R	***** If 15+ years old and NOT EMPLOYED check this box and do not fill in the rest of this block : → → → → →						
	Company Name:					Phone: ()	
						FAX: ()	
	Exposure Site Street Address:		City:	County:	State:	Zip Code:	
	Type of Business (i.e. demolition, radiator repair, painting):						
	Job Title (at the time of this blood lead testing):						
Employment Hire Date: (mm/dd/yyyy)		Employment Termination Date: (mm/dd/yyyy)		If non-occupational activities resulted in exposure, please describe (e.g., hobby- pistol marksmanship):			