



BLOOD LEAD REPORT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF AIR QUALITY
 SFN 60104 (01-12)

PATIENT INFORMATION:

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
County		Telephone Number		Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> American Indian, Eskimo or Aleutian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian, Other Pacific Islander <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Guardian Name (if child patient)			Adult Patient's Employer*	

TEST INFORMATION:

Date Blood Test Type:	Venous	Capillary
Date Drawn	Date Analyzed	Date Lead Result µg/dL

ANALYSIS LAB INFORMATION:

HEALTH CARE PROVIDER INFORMATION:

Lab Name		Physician Name	
Address		Clinic Name	
City	State/Zip Code	Address	
Phone		City	State/Zip Code
		Phone	

Under North Dakota's HIPPA Act, the information requested on this form must be kept private by any Health Department staff who receives it. A report of an elevated blood lead level may be reported to a local health department for follow-up. Summaries of blood lead data are reported to the State officials to describe the extent of lead poisoning in North Dakota. Refusal by a patient or a parent of a patient to provide this information will not affect the eligibility of the patient to receive any benefits.

North Dakota Administrative Code, Section 33-06-01-01.29 requires medical laboratories, health care providers, hospitals and care facilities to report blood lead analyses and related information to the North Dakota Department of Health.

Please mail completed form to:
 ND Department of Health
 Division of Air Quality - Blood Lead Surveillance
 918 E Divide Avenue, 2nd Floor
 Bismarck, ND 58501
 OR Fax: (701)328.5185