



BLOOD LEAD REPORT FORM
P.O. Box 64975, St. Paul, MN 55164-0975
Phone: (651) 215-0890 Fax: (651) 215-0980

PATIENT INFORMATION:

LAST NAME FIRST NAME MI

STREET ADDRESS CITY STATE ZIP

COUNTY PHONE () - BIRTHDATE / /

GENDER (circle one) PATIENT'S RACE PATIENT'S ETHNICITY (circle one)
(1) Male (2) Female (1) American Indian, Eskimo or Aleutian (2) Asian (3) Black (4) White (5) Native Hawaiian or Other Pacific Islander (9) Unknown (1) Hispanic (2) Non-hispanic (9) Unknown

GUARDIAN NAME (if child patient)

(Last Name)

(First Name)

TEST INFORMATION:

DATE DRAWN / / DATE ANALYZED / / BLOOD LEAD RESULT . µg/dL TEST TYPE Capillary Venous

ANALYSIS LAB INFORMATION:

LAB NAME MedTox
ADDRESS 402 west County Road D
CITY St. Paul STATE MN
ZIP 55112 PHONE (651) 636 - 7466

HEALTH CARE PROVIDER INFORMATION:

PHYSICIAN NAME
CLINIC NAME
ADDRESS
CITY STATE
ZIP PHONE () -

Under the Minnesota Data Practices Act, the information requested on this form must be kept private by any health department staff who receive 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 Legislature to describe the extent of lead poisoning in Minnesota. 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.

Minnesota Statutes, section 144.9502, requires medical laboratories to report all blood lead analyses and related information to the Minnesota Department of Health.

Please mail completed form to: MN Department of Health
EIA - Blood Lead Surveillance
P.O. Box 64975
St. Paul, MN 55164-0975

(For office use only)
MDH Patient ID Code:
#

OR Fax to: (651) 215-0980