

BLOOD LEAD REPORTING FORM



ThedaCareTM

130 Second St. Neenah, WI 54956

CLIA # 52D0397878

920-729-2700

Wisconsin state law, Chapter HFS 181, effective 6/1/2000, requires health care providers to supply all of the information requested below. ThedaCare Laboratory is required to report all blood lead test results of Wisconsin residents. Failure to provide complete information is subject to a fine of up to \$5000. Personal information will be kept confidential.

Patient's Name (Last, First, Middle Initial)		Medical Assistance Number (If applicable)	
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Check appropriate) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown	
Race (Check appropriate box) <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, Specify			
Patient's Street Address			Apartment Number
City	County	State	Zip Code
Parent/Guardian (Last, First, Middle Initial) (If patient is under 18 years of age)			
Telephone Number of Patient or Parent/Guardian (If patient is under 18 years of age) Home () Work ()			
Patient's Employer Name (If patient is 16 years of age or older)			Occupation
Employer's Address (Street, City, State, Zip Code)			
Name of Health Care Provider			Telephone Number ()
Address of Provider (Street, City, State, Zip Code)			
Name of Physician (If different than Health Care Provider)			Telephone Number ()
Address (Street, City, State, Zip Code)			
Date Blood Collected (mm/dd/yyyy)	Blood Collection Type (Check One) <input type="checkbox"/> Venous <input type="checkbox"/> Capillary		