BLOOD LEAD REPORTING FORM

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.

Date of Birth (MM/DD/YYYY) Gender Male Ethnicity (Check appropriate) Hispanic/Latino Mace (Check appropriate box) Mon-Hispanic/Latino Mative American Black Unknown Baian/Pacific Islander White 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) Patient's Employer Name (If patient is 16 years of age or older) Occupation Patient's Employer Name (If patient is 16 years of age or older) Occupation Decupation Mame of Health Care Provider Telephone Number (Unknown) Telephone Number (Unknown) Telephone Number (Unknown) Name of Physician (If different than Health Care Provider) Telephone Number (Unknown) Telephone Number (Unknown) Address (Street, City, State, Zip Code) Martine (Unknown) Telephone Number (Unknown) Name of Physician (If different than Health Care Provider) Telephone Number (Unknown) Telephone Number (Unknown) Address (Street, City, State, Zip Code) Date Blood Collected (mm/dd/yyyy) Blood Collection Type (Check One) Collection Type (Check One)	Patient's Name (Last, First, Middle :	Initial)	Medical Assistance Nu	mber (If applicable)	
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