DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00017 (01/09)

STATE OF WISCONSIN
Bureau of Environmental & Occupational Health
Chapter HFS 181
(608) 266-5817

BLOOD LEAD LAB REPORTING

This form is authorized under sections 250.04(3) and 254.13, Wis. Stats. and Chapter HFS 181, Wis. Admin. Code. Completion of this form is mandatory for health care providers and laboratories in reporting of blood lead test results of Wisconsin residents. Failure to report the required information is subject to a forfeiture of up to $1,000 per day of violation or a fine of up to $5,000. Personally identifiable information about the patient will be kept confidential and will be used only for providing services to the patient and for lead hazard reduction.

Patient's Name (Last, First, Middle Initial)	Medical Assistance Number (If applicable)

Date of Birth (mm/dd/yyyy)	Gender	Ethnicity (Check appropriate)
	☐ Male ☐ Female	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race (Check appropriate box)

☐ African American ☐ Alaskan/Native American ☐ White ☐ Other, Specify

☐ Asian ☐ Hawiian/Pacific Islander ☐ Multiple Races

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)
	☐ Venous ☐ Capillary

ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name	Clinical Laboratory Improvement Amendment Number:

Address(Street, City, State, Zip Code)	Telephone Number
	( )

Date of Analysis (mm/dd/yyyy)	***Results** **micrograms lead per 100 milliliters of blood**

***Results of 45 or more micrograms lead per 100 milliliters of blood must be faxed within 24 hours to Fax No. (608) 267-0402.**

Return to:

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Public Health
CLPPP/ABLES, Rm 145
P. O. BOX 2659
Madison, WI 53701-2659