Physician Report for Elevated Blood Lead Levels

Arizona Administrative Code R9-4-301 Requires:

Children under 16 years of age:

All blood lead levels over 10 ug/dL are reportable within 5 working days from the date of receipt of the laboratory results. Blood lead levels over 45 ug/dL are reportable within 1 business day.

Adults (over 16 years of age):

All blood lead levels over 25 ug/dL are reportable within 5 working days from the date of receipt of the laboratory results. Blood lead levels over 60 ug/dL are reportable within 1 business day.

CONFIDENTIAL
LEAD POISONING PREVENTION PROGRAM
ARIZONA DEPARTMENT OF HEALTH SERVICES
150 NORTH 18th AVENUE SUITE 430
PHOENIX, ARIZONA 85007
602- 364-3118 1-800-367-6412 FAX 602-364-3146 TUCSON FAX 520-770-3307

PLEASE SUBMIT REPORT BY PHONE, MAIL OR FAX. IF FAXED, PLEASE CALL AHEAD TO ENSURE CONFIDENTIALITY.

PATIENT LAST NAME	FIRST NAME		FOR ADHS USE: DATE RECEIVED__________
DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE		ID# ______________ ☐ SCREEN ☐ CONFIRMATORY ☐ FOLLOW-UP
STREET ADDRESS			CONFIRMED? ☐ YES ☐ NO
MAILING ADDRESS			INVESTIGATION ☐ YES ☐ NO
CITY	COUNTY	ZIP CODE	FAMILY CONTACTED ☐ YES ☐ NO
HEALTH PLAN	ID#		DATE CASE CLOSED ____________________
☐ AHCCCS ☐ KIDS CARE ☐ INDIAN HEALTH SERVICES ☐ TOBACCO TAX ☐ PRIVATE INSURANCE ☐ SELF PAY ☐ OCCUPATIONAL MONITORING	RACE* ☐ WHITE ☐ UNKNOWN ☐ BLACK ☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER	ETHNICITY* ☐ HISPANIC ☐ NON-HISPANIC ☐ UNKNOWN	HOME PHONE ( ) / MESSAGE PHONE ( )
PARENT OR GUARDIAN NAME*	LANGUAGE* ☐ ENGLISH ☐ SPANISH ☐ OTHER		
ADULTS: EMPLOYER'S BUSINESS NAME:		OCCUPATION	
EMPLOYER ADDRESS:		EMPLOYER PHONE ( )	
BLOOD LEAD LEVEL: *ug/dL*	DATE COLLECTED:	DATE RESULT REPORTED FROM LABORATORY:	☐ VENOUS ☐ UNKNOWN ☐ CAPILLARY
LABORATORY	ADDRESS		PHONE
PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME		
PRACTICE OR CLINIC	ADDRESS		
CITY	STATE	ZIP	PHONE
COMMENTS:			

*PLEASE SEND WHITE COPY TO THE ADHS. RETAIN THE YELLOW COPY FOR YOUR FILES. *THIS INFORMATION IS HELPFUL FOR CASE MANAGEMENT PURPOSES, ALTHOUGH NOT REQUIRED BY LAW*