

Fax: (651) 201-4727 Phone: (651) 201-5000

Mailing Address: Minnesota Department of Health (MDH): HRI Blood Lead Surveillance
P.O. Box 64975, St. Paul, MN 55164-0975**Patient Information:**

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date (MM/DD/YYYY): _____

Gender (check one): Male Female Transgender Other UnknownRace (check all that apply): American Indian or Alaska Native Asian Black or African American White
 Native Hawaiian or Other Pacific Islander Some Other Race UnknownEthnicity (check one): Hispanic or Latino Not Hispanic or Latino UnknownIf patient is an adult, check box if patient is*: Pregnant Lactating

If patient is an adult, list their employer and job title*: _____

Other patient comments*: _____

Fields with asterisks are not required*Patient Contact Information:**

Address: _____

P.O. Box*: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number*: _____

If patient is a minor, list the parent/guardian name(s)*: _____

Preferred Language*: _____

Fields with asterisks are not required*Blood Lead Test Information:**

Date Drawn (MM/DD/YYYY): _____

Date Analyzed (MM/DD/YYYY): _____

Blood Lead Test Result (XX.X): _____ µg/dL

Blood Lead Test Type: Capillary Venous

Check box if result is outside machine limit of detection:

 Less than (<) Greater than (>)**Clinic/Ordering Facility Information:**

Clinic Name: _____

Health Care Provider: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Performing Facility/Lab Information:Check box if the performing facility is the same as the ordering facility:

Lab Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Additional Information:

Under the MN Data Practices Act, the information requested on this form must be kept private by any health department staff who receive it. 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. MN Statutes, section 144.9502, subd. 3 requires performing facilities to report all blood lead analyses and related information to MDH in a manner as prescribed by the commissioner. This [Blood Lead Report Form \(https://www.health.state.mn.us/communities/environment/lead/docs/labreport.pdf\)](https://www.health.state.mn.us/communities/environment/lead/docs/labreport.pdf) may be used to submit results by mail or fax by programs performing ≤ 50 blood lead tests per year, or for *temporary* reporting for technological issues or while electronic reporting is being configured. Programs that perform > 50 blood lead tests per year must submit results electronically. Facilities may contact MDH at Health.bloodleadresults@state.mn.us for information on reporting results.