

# Childhood Blood Lead Level Report

## Confidential Medical Record

<b>Send to:</b> WV Department of Health and Human Resources Bureau for Public Health Office of Maternal, Child and Family Health Division of Research, Evaluation and Planning Childhood Lead Poisoning Prevention Program Phone: 1-800-642-8522 Fax: 304-558-3510	<b>From:</b> Medical Facility:  Requesting Physician:  City/State/Zip:  Phone Number:  Fax Number:
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Child Information		
Last Name:	First Name:	M.I.:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian Name:	Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/>	
Physical Address:	Apartment #:	
City:	State: WV	Zip:
Mailing Address:	Apartment #:	
City:	State: WV	Zip:
Phone Number:		
Child Ethnicity ( <i>check one</i> )		
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
Child Race: ( <i>check one</i> )		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other		
Blood Lead Level Information		
Blood Lead Test Level: _____ Micrograms per deciliter (ug/dL)		Blood Draw Date: _____
Type of Blood Sample: ( <i>check one</i> ) <input type="checkbox"/> Initial <input type="checkbox"/> Repeat		Source of Sample ( <i>check one</i> ) <input type="checkbox"/> Capillary <input type="checkbox"/> Venous
Testing Laboratory: _____ Laboratory Phone: _____ Contact Person: _____		<b>If Using LeadCare II System, Place Label Here</b>   

Please report all blood lead levels to the Bureau for Public Health within 7 days of testing. The West Virginia Childhood Lead Poisoning Prevention Program provides care coordination for all children 0 – 72 months with an elevated blood lead level.