Physician Report for Elevated Blood Lead Levels

Arizona Administrative Code R9-4-301 Requires:

Children <16 years of age:

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

Adults ≥ 16 years of age:

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

CONFIDENTIAL

LEAD POISONING PREVENTION PROGRAM
ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Avenue Suite 140
PHOENIX, ARIZONA 85007
602- 364-3118 1 -800-367-6412

FAX 602-364-3146

ARIZONA DEPARTMENT OF HEALTH SERVICES

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 -	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 ext.
PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME		
PRACTICE OR CLINIC	ADDRESS		
CITY	STATE	ZIP -	PHONE ext.
COMMENTS:			

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

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