BLOOD LEAD REPORT NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT SFN 60104 (09-2021)

PATIENT INFORMATION	l:						
Last Name		First Name			Middle Initial		
Street Address			City		State	ZIP Code	
County			Telephone Number			Birth Date	
Gender ☐ Male ☐ Female		Asian African America White	, Eskimo or Aleutian n , Other Pacific Islander		Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown		
Guardian Name (if child patient)			Adult Patient's	Adult Patient's Employer			
TEST INFORMATION:							
Blood Test Type:		Venous		Capillary			
Date Drawn Date Analys		Date Analyzed	t	Blood Lead Result		μg/dL	
ANALYSIS LAB INFORM	IATION:		HEALTH C	ARE PROVI	DER INFOR	MATION:	
Lab Name				Physician Name			
Address			Clinic Name				
City	State/ZIP Code		Address				
Telephone Number			City	City State/ZIP Code			
			Telephone Nu	Telephone Number			
Under North Dakota's H Department of Environm local health department extent of lead poisoning affect the eligibility of the North Dakota Administr providers, hospitals and Department of Health.	ental Quality s for follow-up. in North Dako patient to rec rative Code, s health care fa	taff who receive Summaries of b ta. Refusal by a eive any benefit Section 33-06-0	s it. A report of an el clood lead data are re patient or a parent o s. 01-01.33 requires m	evated blood eported to the of a patient to edical diagn	lead level me State office provide this ostic laborar	nay be reported to a lials to describe the information will no tories, health care	
Please mail completed for		itv					

4201 Normandy Street Bismarck, ND 58503-1324 (701)328-5166

Division of Waste Management - Blood Lead Surveillance

Fax: (701)328-5200