



Galveston County Health District Lead Test Reporting Form

Texas State laws (Texas Admin Code Title 25, Part 1, Chapter 37, Subchapter Q & Health & Safety Code Chapter 88) requires that ALL blood lead tests be reported to the Local Health Authority (GCHD Epidemiology Services) by healthcare providers, hospitals, laboratories, schools and others.

REPORTING FORMS MUST BE ACCOMPANIED BY A LAB REPORT.

Child Information (Required)	
Last Name:	First Name: M.I.:
Date of Birth (mm-dd-yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	Medical Record Number (if applicable):
Current Address:	Apartment #:
City:	State: Zip Code:
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Unknown	

Blood Lead Level Information (Required)	
Collection Date (mm-dd-yyyy): _____	Blood Lead Level: _____ mcg/dl
Type of Blood Sample: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	Testing Laboratory Name: _____

Additional Information	
Parent/Guardian Name:	
Daytime Telephone Number:	Home/Work Number:
Type of insurance: <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> Other	

Send to: Galveston County Health District - Epidemiology Services P.O. Box 939 La Marque, TX 77568 Fax Number: (409) 938-2399 Phone Number: (409) 938-2215	From: Provider Name: Address: City/State/Zip: Phone Number: Fax Number:
---	--

GCHD USE ONLY	
EPI Case Number: _____ - _____	
Refer to CHN: <input type="checkbox"/> No <input type="checkbox"/> Yes (Date: _____)	Refer to Environmental Services: <input type="checkbox"/> No <input type="checkbox"/> Yes (Date: _____)