



# LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

## Office of Public Health

Section of Environmental Epidemiology and Toxicology (SEET)

1450 Poydras Street, 16<sup>th</sup> Floor New Orleans, LA 70112

Fax: (504)568-8149

[www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov)



Use this form to report **cases of lead\*, arsenic, mercury, cadmium, or carbon monoxide** to SEET. Mail or fax form to address listed above. For more information call (504) 568-8159 or (888) 293-7020.

*\* To report a child with lead poisoning, contact the LA Childhood Lead Poisoning Prevention Program (504) 568-8249.*

### PATIENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M. Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthdate (month / day / year)

Gender:  Male  
 Female

### EXPOSURE INFORMATION: Where & what are the source of the heavy metal or carbon monoxide exposure. Provide as much information as possible.

Current Occupation & Address \_\_\_\_\_

Hobby & Address \_\_\_\_\_

Environmental & Address \_\_\_\_\_

### REFERRAL / PHYSICIAN INFORMATION

\_\_\_\_\_  
Person Providing Referral

( ) \_\_\_\_\_  
Referral Phone Number

\_\_\_\_\_  
Referral E-mail

\_\_\_\_\_  
Treating Physician Name

\_\_\_\_\_  
Clinic, Hospital or Agency Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### SPECIMEN INFORMATION

\_\_\_\_\_  
Date Collected (month / day / year)

\_\_\_\_\_  
Lab name

\_\_\_\_\_  
Specimen ID number

Specimen source:  Venous  Capillary  Urine

Analyte:  Arsenic  Mercury  Lead

Cadmium  Carboxyhemoglobin

Specimen result (with unit): \_\_\_\_\_