



LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

Office of Public Health

Section of Environmental Epidemiology and Toxicology (SEET)

1450 Poydras Street, 16th Floor New Orleans, LA 70112

www.seet.dhh.louisiana.gov



Use this form to report **cases of pesticide poisoning** to OPH/SEET. Mail form to the above address or fax to (504) 568-8149. For more information call (504) 568-8160 or (888) 293-7020.

PATIENT INFORMATION

Last Name _____ First Name _____ M. Initial _____
 Street Address _____ City _____ State _____ Zip _____
 () _____ / / _____ Gender: Male
 Phone Number _____ Birthdate (month / day / year) _____ Female

EXPOSURE & HEALTH INFORMATION

Briefly describe how pesticide exposure occurred & health effects _____

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 _____
 () _____ Physician / Provider Phone Number _____ Physician E-mail _____

SPECIMEN INFORMATION

Date Specimen Collected: _____ Lab Name: _____

Cholinesterase:

Blood (Whole "True Cholinesterase") Blood (Plasma/Serum "Pseudo Cholinesterase")

Cholinesterase test result:

Value: _____ Lab low: _____ Lab high: _____

Metabolites:

Blood Urine

Value: _____ Metabolite: _____

Unit: _____