**State of Louisiana**

Louisiana Department of Health
Office of Public Health

Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP)

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**Lead Case Reporting Form**

Copies of the following form can be used to report lead results. As stated in the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), please provide all of the following information. Please print all information, use separate forms for each patient and fax the completed form to (504) 568-8253.

### PATIENT INFORMATION

1. LAST NAME: ____________________________  
2. FIRST: ____________________________  
3. MI: ____________________________  
4. SSN: ____________________________  
5. MEDICAID NUMBER (if any): ____________________________  
6. DATE OF BIRTH: ____________________________  
7. SEX: FEMALE MALE  
8. RACE: Black White Other________________  
9. ETHNICITY: ____________________________

### PARENT'S OR GUARDIAN'S INFORMATION

10. PARENT'S OR GUARDIAN'S FULL NAME: ____________________________  
11. MOTHER'S FULL NAME: ____________________________  
12. PHONE NUMBER: ____________________________  
13. ADDRESS: ____________________________  
14. CITY: ____________________________  
15. STATE: ______  
16. ZIP: ____________________________  
17. PARISH/COUNTY: ____________________________

### BLOOD LEAD AND LAB INFORMATION

18. BLOOD LEAD RESULT: ____________________________  
19. DATE COLLECTED: ____________________________  
20. Please circle one: CAPILLARY VENOUS  
21. Please circle one: FIRST ANNUAL REPEAT  
22. LAB NAME: ____________________________

### REPORTING PROVIDER INFORMATION

23. PROVIDER NAME: ____________________________  
24. CONTACT PERSON: ____________________________  
25. ADDRESS: ____________________________  
26. CITY: ____________________________  
27. STATE: ______  
28. ZIP: ____________________________  
29. PARISH/COUNTY: ____________________________  
30. TELEPHONE: ____________________________  
31. FAX: ____________________________

Revised 6/22/2017