



LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

Office of Public Health

Section of Environmental Epidemiology and Toxicology (SEET)

1450 Poydras Street, 16th Floor New Orleans, LA 70118

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

() _____
Phone Number

_____/_____/_____
Birthdate (month / day / year)

Gender: Male
 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: _____