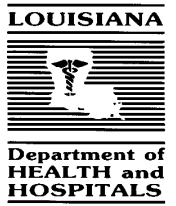




STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



**Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP)
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. NATIONAL ORIGIN: _____

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 INFORMATION

18. BLOOD LEAD RESULT: _____ 19. DATE COLLECTED: _____
20. Please circle one: CAPILLARY VENOUS
21. Please circle one: FIRST ANNUAL REPEAT

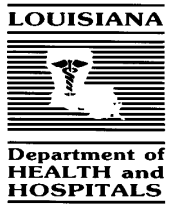
REPORTING PROVIDER OR LABORATORY INFORMATION

22. PROVIDER/LAB NAME: _____
23. CONTACT PERSON: _____
24. ADDRESS: _____
25. CITY: _____ 26. STATE: _____ 27. ZIP: _____
28. PARISH/COUNTY: _____
29. TELEPHONE: _____ 30. FAX: _____

OFFICE OF PUBLIC HEALTH § LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM
1450 Poydras Street § Suite 2046 § New Orleans, Louisiana 70112
PHONE#: 504/568-8254 § FAX#: 504/568-8253
"AN EQUAL OPPORTUNITY EMPLOYER"



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