



# 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 70118

[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 form to the above address or fax to (504) 568-8149. For more information call (504) 568-8160 or (888) 293-7020.

\* To obtain reporting forms for childhood lead poisoning, visit the LA Childhood Lead Poisoning Prevention Program's website at [www.genetics.dhh.louisiana.gov](http://www.genetics.dhh.louisiana.gov) or call (504) 568-8249.

### PATIENT INFORMATION

_____ Last Name	_____ First Name	_____ M. Initial
_____ Street Address	_____ City	_____ State
_____ ( ) Phone Number	_____ / / Birthdate (month / day / year)	_____ Zip
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Urine
Analyte: <input type="checkbox"/> Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Lead	Specimen result (with unit): _____
<input type="checkbox"/> Cadmium <input type="checkbox"/> Carboxyhemoglobin	