



New Hampshire Division of Public Health Services Lead Care II Blood Lead Laboratory Reporting Form

Agency Name _____

Agency Address _____

Agency City _____ State _____ Zip _____

Agency Contact Name _____ Phone # _____

Client: Last Name _____ First Name _____ M.I. _____

DOB _____ (MM/DD/YY) Sex M F

Client Street Address (No PO#) _____

Client City _____ State _____ Zip _____

Parent/Guardian Last Name _____ First Name _____

Parent/Guardian Phone # _____

Employer (if over age 16) _____

Occupation (if over age 16) _____

Ethnicity Hispanic/Latino Non-Hispanic/Non-Latino

Race	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Multiracial

Refugee Y N

Doctor's Name _____

Practice Name (No abbreviations) _____

Practice Address _____

Practice City _____ State _____ Zip _____

Practice Phone _____

Date of Specimen Collected _____ Date Specimen Analyzed: _____ Capillary Venous

Results _____ mcg/dL (Do not write LOW)

Signature of person performing test _____

Printed Name of person performing test _____

QUESTIONS:

Healthy Homes & Lead Poisoning Prevention Program
29 Hazen Drive, Concord, NH 03301
PH: (603) 271-4507 FAX: (603) 271-3991

November 2015

HOW QUICKLY DO I NEED TO REPORT THE RESULTS TO THE STATE?

45 mcg/dL or greater 1 business day

20 to <45 mcg/dL within 3 business days

10 to <19 mcg/dL within 10 business days

0 to <10 mcg/dL within 15 business days