



## Galveston County Health District Lead Test Reporting Form

Texas State laws (Texas Admin Code Title 25, Part 1, Chapter 37, Subchapter Q & Health & Safety Code Chapter 88) requires that ALL blood lead tests be reported to the Local Health Authority (GCHD Epidemiology Services) by healthcare providers, hospitals, laboratories, schools and others.  
REPORTING FORMS MUST BE ACCOMPANIED BY A LAB REPORT.

Child Information (Required)	
Last Name:	First Name: M.I.:
Date of Birth: (mm-dd-yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	Medical Record Number (if applicable):
Current Address:	Apartment #:
City:	State: Zip Code:
Ethnicity: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Race: (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Unknown	

Blood Lead Level Information (required)	
Collection Date: (mm-dd-yyyy) _____	Blood Lead Test Level: _____mcg/dL
Type of Blood Sample: (check one) <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	

Additional Information	
Parent/Guardian Name:	
Daytime Telephone Number:	Home/Work Number:
Type of insurance: (check one) <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> Other	

Send to: Galveston County Health District - Epidemiology Services P.O. Box 939 La Marque, TX 77568  Fax Number: (409) 938-2399 Phone Number: (409) 938-2322	From: Provider Name: Address:  City/State/Zip:  Phone Number: Fax Number:
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GCHD USE ONLY
EPI Case Number: _____
Refer to CHN: <input type="checkbox"/> No <input type="checkbox"/> Yes (Date Referred: _____) Refer to Environmental Services: <input type="checkbox"/> No <input type="checkbox"/> Yes (Date Referred: _____)