



LABORATORY REPORTING FORM

State Form 57372 (3-24)

LEAD AND HEALTHY HOMES DIVISION (LHHD)



Indiana
Department
of
Health

Indiana requires if a person examines the blood of an individual [at any age] for the presence of lead must report the results of the examination not later than one (1) week after completing the examination to the IDOH. The report must include the following information.

PATIENT EXAMINED:	Last Name:		First Name:		M.I.:
Parent or guardian name (if available):			Phone:		
Patient Address:			City:	IN	ZIP Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Ethnicity:	D.O.B.:	

Provider Name:		Today's Date:	
Physician Name:		Contact Phone:	
Laboratory Name:			

Sample Obtained Date:		Medicaid #:
Blood Test Type:	<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary
Test Results:	$\mu\text{g/dL}$	Invalid Test Reason: Normal limits for this test: < 3.5 $\mu\text{g/dL}$
	Test Interpretation:	<input type="checkbox"/> Within limits <input type="checkbox"/> Exceeds limits

NOTE: Indiana code (IC-16-41-39.4-3) requires a person that examines the blood of an individual for the presence of lead must report to the department the results of the examination not later than one (1) week after completing the examination. If a person required to report has submitted more than fifty (50) results in the previous calendar year, the person must submit subsequent reports in an electronic format determined by the department. For most laboratories reporting in HL7 format is required. For portable analyzers (e.g., LeadCare II) a website is available for online reporting. Please contact the IDOH LHHD for additional information on electronic reporting requirements. Failure to submit a complete report may result in a fine of \$1,500 per report.

Submit this report form by fax, e-mail or mail to:

Fax: 317-233-1630 Email: KHorsley@health.in.gov ATTN: LHHD Manager, 2 N. Meridian, Indianapolis, Indiana 46204
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