STATE OF TENNESSEE
Elevated Blood Lead Level (EBLL) Reporting

DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH
425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37243
PH: (615) 741-0368

Practitioners who conduct on site blood lead analysis using portable devices should report using this **PH-4156** form for **elevated BLL's ≥ 5 µg/dl and fax weekly** to Housing and Environmental Health, University of Tennessee Extension at (865) 974-5370. Normal BLL's should be submitted using the PH-4155 form and faxed monthly.

Forms are available at health.tn.gov/MCH/Lead.shtml. Email leadtrk@utk.edu for any questions or concerns.

Patient:

*Last Name: ______ *First Name: ______ *Birth Date: ______

Gender: M ☐ F ☐ Race: ☐ White ☐ Asian ☐ Other ☐ Black ☐ Am Indian Ethnicity: ☐ Hispanic ☐ Non *County: ______

*Street: ______ *City: ______ *Zip: ______ *State: ______

Test Reason:
☐ Confirmatory lead following positive screening test ☐ Routine lead screening ☐ Unknown
☐ Follow up lead for a known positive case ☐ Parent/Guardian request ☐ Other

Suspected Exposure:
☐ Paint (Home) ☐ Food supply ☐ Hobby related ☐ Toys ☐ Home remedy ☐ Unknown
☐ Paint (Other) ☐ Water Supply ☐ Cosmetic ☐ Tableware ☐ Occupational source ☐ Other

Payment Source:
☐ Private Insurance ☐ Public (include Medicaid) ☐ Patient Pay ☐ Unknown ☐ Other

Blood:

*Sample Type: ☐ Venous ☐ Capillary ☐ Unknown *Collect Date: ______ *Result: ______ µg/dL

Parent/Guardian if a minor:

Last Name: ______ First Name: ______ Phone #: ______

Provider:

Title: ______ *Last Name: ______ *First Name: ______

*Phone #: ______ County: ______ State: ______

*Required Fields