STATE OF TENNESSEE
Blood Lead Level (BLL) Reporting

DEPARTMENT OF HEALTH
FAMILY HEALTH AND WELLNESS DIVISION
710 JAMES ROBERTSON PKWY, 8TH FLOOR
NASHVILLE, TENNESSEE 37243
PH: (615) 532-8462

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** and for **BLL's <5 µg/dl and fax monthly** to Housing and Environmental Health, University of Tennessee Extension at (865) 974-5370. Forms are available at http://www.tn.gov/health/topic/MCH-lead. Email leadtrk@utk.edu for any questions or concerns.

Or, you can easily submit test results online at https://leadinput.tennessee.edu/leadin/.

Patient:

*Last Name: ☐   *First Name: ☐   *Birth Date: (MM/DD/YYYY) ☐

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

*Street: ☐   *City: ☐   *County: ☐   *Zip: ☐   *State: ☐

*Payment Source:
☐ Private Insurance   ☐ Patient Pay   ☐ Unknown   *Medicaid: ☐ Yes   ☐ Unknown
☐ Public (include Medicaid)   ☐ Other   ☐ No

Blood:

*Sample Type: ☐ Venous   ☐ Capillary   ☐ Unknown   *Collect Date: (MM/DD/YYYY) ☐   *Result: ☐ µg/dL

Parent/Guardian if a minor:

Last Name: ☐   First Name: ☐   Phone #: ☐

Provider:

Title: ☐   *Last Name: ☐   *First Name: ☐

*Phone #: ☐   County: ☐   State: ☐

*Required Fields

PH: 4156   Updated: 07/2016   RDA 10148