



Healthy Homes Environmental
Consumer Management & Senior Care
3901 Meadows Dr / Indianapolis IN 46205
PH 317-221-2155 / FAX 317-221-2296
www.mchd.com

Elevated Blood Lead Test Result Notification

For use to notify Marion County Public Health Department of all verified and non-verified lead levels ≥ 5 ug/dL for coordination of care and environmental and clinical case management follow-up. Please, fax completed form to 317.221.2296. If result is ≥ 45 ug/dL, please call immediately at 317-221-2155.

Provider Information

Notification Sent by: _____ Date of Report: _____

Provider Name: _____ Phone Number: _____

Provider Address: _____

Patient Information

Patient Name: _____
First Last

Patient Date of Birth: _____ Sex: M or F Race: _____

Medicaid #: _____

Parent/Guardian: _____
Name Relationship to Patient

Address: _____
Street City Zip Code

Phone Numbers: _____
Home Cell Work

Emergency Contact Name: _____ Phone Number: _____

Test Information

Date of test /blood draw: _____ Test result: _____

Sample Type (circle one): Venous or Capillary

Reason for Test (circle one): Routine or Confirmatory

If routine, has a confirmatory test been performed or scheduled? (circle one): Yes or No Date: _____

If confirmatory, please provide the initial elevated lead test's Date: _____ Test result: _____