| FACILITY NAME | WEEKLY TESTING (BEGIN DATE THROUGH (END DATE) | | | |
|---------------------------------|---|--|--|--|
| | | | | |
| ADDRESS (CITY, STATE, ZIP CODE) | FAXED/EMAILED TO DHSS ON (DATE) | | | |
| | | | | |

| LAST NAME | FIRST NAME | DOB | SEX | RACE | ADDRESS | CITY | ZIP | SAMPLE DATE | RESULT | SMPL TYPE C-CAP V-VNS | MEDICAID NUMBER (DCN) |
|-----------|------------|-----|-----|------|---------|------|-----|----------------|--------|--------------------------------|-----------------------------|
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- Reporting of ALL blood lead levels is required by law. (19 CSR 20-20.080)
- Fax reports to 573-526-6946 or by email at: <u>DHSS.LeadResults@health.mo.gov</u>
- Contact DHSS at 573-751-6102 for reporting or follow up guideline questions.
- Report all non-elevated levels to DHSS on a weekly basis.
- IMMEDIATELY fax all ELEVATED lead levels directly to DHSS at 573-526-6946.