

LABORATORY REQUIREMENTS
FOR REPORTING
ADULT BLOOD LEAD SURVEILLANCE PROGRAM

Who is reportable?:

- Patients 16 years of age and older whose BLL is \geq 10 ug/dl must be reported.
- Patients residing and/or working in CT

Information REQUIRED on all lead reports:

- Blood lead level
- Date drawn
- Ordering physician
- Patient's full name
- Patient's date of birth
- Patient's *full* home address
- Name of *patient's* employer
- Phone number of *patient's* employer

Information REQUESTED on all lead reports:

- Social security number
- Race/Ethnicity
- Sex
- Name of medical facility
(hospital/HMO/clinic/office practice)
- Employer's *full* address

Where should the reports be sent?:

**Deborah Pease, ABLES Coordinator
Connecticut Department of Public Health
EEOH Division
410 Capitol Ave. MS #11OSP
PO Box 340308
Hartford, CT 06134-0308**

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PHYSICIAN REQUIREMENTS
FOR REPORTING
ADULT BLOOD LEAD SURVEILLANCE PROGRAM

Who is reportable?:

- Patients 16 years of age and older whose BLL is \geq 10 ug/dl must be reported.
- Patients residing and/or working in CT

Information REQUIRED on all lead reports:

- Blood lead level
- Date drawn
- Patient's full name
- Patient's date of birth
- Patient's *full* home address
- Race/Ethnicity
- Sex

- Patient's occupation
- Name of *patient's employer*
- Employer's *full* address
- Phone number of *patient's employer*
- Ordering physician
- Name of medical facility
(hospital/HMO/clinic/office practice)

Where should the reports be sent?:

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