

WISCONSIN LEGISLATIVE COUNCIL STAFF

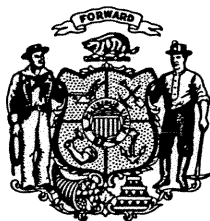
LCRC  
FORM 2

APR 14 1999

**RULES CLEARINGHOUSE**

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**CLEARINGHOUSE REPORT TO AGENCY**

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[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

**CLEARINGHOUSE RULE 99-055**

AN ORDER to create chapter HFS 181, relating to reporting of blood lead test results.

Submitted by **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

03-16-99 RECEIVED BY LEGISLATIVE COUNCIL.

04-13-99 REPORT SENT TO AGENCY.

RS:AS:jal;rv

**LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT**

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached      YES       NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached      YES       NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached      YES       NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS  
[s. 227.15 (2) (e)]

Comment Attached      YES       NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached      YES       NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL  
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached      YES       NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

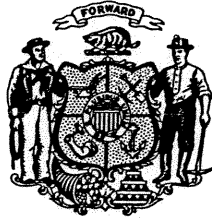
Comment Attached      YES       NO

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## CLEARINGHOUSE RULE 99-055

### Comments

**[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]**

#### 2. Form, Style and Placement in Administrative Code

In s. HFS 181.06, "(l)" should be replaced with "(L)" to avoid confusion with the numeral 1.

#### 4. Adequacy of References to Related Statutes, Rules and Forms

a. In s. HFS 181.03 (4), "PL 100-578" should be replaced with "42 USC 263a" to reflect the current provision of federal law. Also, "part" should be inserted after "42 CFR."

b. In s. HFS 181.08 (1), the notation "s." should be inserted before the statutory cross-reference.

c. In s. HFS 181.08 (2) (b), ", Stats.," should be inserted after "s. 973.09."

#### 5. Clarity, Grammar, Punctuation and Use of Plain Language

a. Section 254.13 (1) refers to the director of a clinical laboratory as one person who must report certain information regarding lead poisoning or lead exposure. Section HFS 181.03 (1) defines the term "analytical laboratory" in terms of a clinical laboratory. Sections HFS 181.02 and 181.03 (6) refer to the director of a blood drawing site. The use of the various terminology raises the following questions:

(1) Why is the term “analytical laboratory” created?

(2) What is a “blood drawing site”?

b. In s. HFS 181.03 (12), the definition should include the requirement that the person screens blood samples for lead. Also, the definition can be shortened by substituting the defined term “health care provider” for the references to a physician, nurse, hospital administrator, local health officer or director of a blood drawing site. [See also s. HFS 181.08 (2).]

c. Section HFS 181.04 (5) should begin with the phrase “Except as provided in sub. (3) (c).” Following this change, the last sentence of this subsection should be deleted.

d. In s. HFS 181.06 (1) (g) and (h), “year’s” should be replaced with “years.” Also, the use of the word “parent’s” indicates that the name of only one parent is required. Is this the intent of sub. (1) (g) and (h)?

e. In s. HFS 181.08 (2) (a), “doctor, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site” could be replaced with “health care provider or director of a clinical laboratory.” If this change is not made, “doctor” should be replaced with “physician” for consistency with other provisions of the chapter. Also, why is the phrase “director of a clinical laboratory” used when s. HFS 181.03 (1) defines the term “analytical laboratory” in terms of a clinical laboratory?

f. In s. HFS 181.08 (2) (b), “physician, nurse, hospital administrator, local health officer, director of analytical laboratory or director of a blood drawing site” could be replaced with “health care provider or director of an analytical laboratory.” If this change is not made, “an” should be inserted before “analytical laboratory.”

PROPOSED ORDER OF THE  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
CREATING RULES

To create chapter HFS 181, relating to reporting of blood lead test results.

Analysis Prepared by the Department of Health and Family Services

These rules specify time periods and forms for reporting to the Department or a local health officer the results of tests made on human blood samples to determine the amount of lead in the blood.

Requirements to report cases of lead poisoning or lead exposure and the results of screening children under the age of 6 for lead poisoning or lead exposure are found in s. 254.13, Stats. Every physician who diagnoses lead poisoning or lead exposure, every person who screens a child under six years of age for lead poisoning or lead exposure, and any nurse, hospital administrator, director of a clinical laboratory or local health officer who has verified information of any person found to have or suspected of having lead poisoning or lead exposure is expected to report this information.

The reporting of all blood lead tests, as required by the rules, will serve the purposes stated in s. 254.13, Stats., and the broader purposes served by establishment of an adequate surveillance system authorized under s. 250.04(3), Stats.

The rules require that the results of all blood lead tests performed on blood samples taken from Wisconsin residents be reported to the Department or, at the request of a local health department and with agreement of the Department, to that local health department which then must forward the results to the Department. The way this will work is that whoever submits the sample of a person's blood to a laboratory for analysis to determine the amount of lead in the person's blood must send along with the sample specified information about the patient and how the sample was collected. That information will form part of the report to the Department or local health officer. Unless the laboratory and health care provider agree in writing that the health care provider, after obtaining the test results from the laboratory, will report them to the Department, the laboratory is responsible for submitting the required report to the Department. The report will consist of the information submitted by the health care provider to the laboratory with the blood sample and information supplied by the laboratory that identifies the laboratory and states when the analysis was completed and the results of the blood lead test.

The Department's authority to create these rules is found in ss. 250.04(7) and 254.13(2), Stats. The rules interpret ss. 250.04(3) and 254.13, Stats.

SECTION 1. Chapter HFS 181 is created to read:

## Chapter HFS 181

### REPORTING OF BLOOD LEAD TEST RESULTS

- HFS 181.01 Authority and purpose
- HFS 181.02 Applicability
- HFS 181.03 Definitions
- HFS 181.04 Reporting responsibility
- HFS 181.05 Timetable for reporting
- HFS 181.06 Content of report
- HFS 181.07 Form of report submitted to department
- HFS 181.08 Enforcement, penalties and immunity from liability

**HFS 181.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 250.04(7) and 254.13 Stats., to ensure timely reporting to the department of the results of all tests made to determine the concentration of lead in blood. The chapter establishes a foundation for a surveillance system that will identify, evaluate and provide a basis for controlling the prevalence of lead poisoning or lead exposure. When blood lead test results are properly reported, the department and local health departments are able to carry out their public health responsibilities to identify individuals with lead poisoning, identify and evaluate trends, patterns and risk factors for lead poisoning, identify sources of lead in the environment, educate the public and prevent exposure to lead.

**HFS 181.02 Applicability.** This chapter applies to any physician, nurse, hospital administrator, director of a blood drawing site or local health officer who obtains a blood sample or orders that a blood sample be taken from a Wisconsin resident for the purpose of measuring the concentration of lead in blood and to directors of analytical laboratories which analyze human blood samples to determine the concentration of lead in blood.

*clin. lab?*

**HFS 181.03 Definitions.** In this chapter:

(1) "Analytical laboratory" means a clinical laboratory which provides analysis of human blood samples to determine the amount of lead in blood and which meets the standards of the clinical laboratory improvement amendments.

(2) "Blood lead test" means the determination by an analytical laboratory of the amount of lead in a blood sample.

(3) "Blood sample" means any human blood sample, venous or capillary, drawn for analysis of the concentration of lead in blood.

(4) "Clinical laboratory improvement amendments" means the federal clinical laboratory improvement amendments of 1988, PL-100-578, and 42 CFR 493. *42 CFR 493*

(5) "Department" means the Wisconsin department of health and family services.

(6) "Health care provider" means a physician, nurse, hospital administrator, local health officer or director of a blood drawing site. *?*

(7) "Local health department" has the meaning specified under s. 250.01(4). Stats.

(8) "Local health officer" means the person in charge of a local health department.

(9) "Lead poisoning or lead exposure" means a level of lead in the blood of 10 micrograms or more of lead per 100 milliliters of human blood.

(10) "Medical assistance" means the assistance program under ~~ss. 49.43 to 49:475 and 49:49 to 49:497~~, Stats., and chs. HFS 101 to 108. *Subchapter IV of Stats.*

(11) "Screens" means taking a sample of blood from a person and sending the blood sample to an analytical laboratory for determination of the amount of lead in the person's blood. *analytical lab?*

(12) "Person who screens for lead poisoning or lead exposure" means a physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site. *analytical lab?*

**HFS 181.04 Reporting responsibility.** (1) The results of all blood lead tests performed on blood samples taken from Wisconsin residents shall be reported to the department. *by whom?*

(2) When a health care provider sends a blood sample to an analytical laboratory for determination of the concentration of lead in the blood, the health care provider shall include with the blood sample all the information required under s. HFS 181.06 (1).

(3)(a) Except as provided in pars. (b) and (c), directors of analytical laboratories shall report to the department the results of blood lead tests and the other information as described in s. HFS 181.06 for each blood lead test.

(b) If there is a written agreement between the health care provider and the analytical laboratory, the health care provider may report the blood lead test results and the other information described in s. HFS 181.06 to the department.

(c) If the health care provider sends blood samples to an analytical laboratory outside of Wisconsin, the health care provider shall report the blood lead test results and other information described in s. HFS 181.06 to the department.

(4) The report to the department under sub. (3) shall include the results of the blood lead test and the other information required under s. HFS 181.06 regardless of the level of lead concentration in the blood.

(5) A health care provider shall be considered to have met the requirement under s. 254.13 (1), Stats., to report results to the department if the health care provider submits the information required under s. HFS 181.06(1) in writing with the blood sample when sending the blood sample to an analytical laboratory for determination of the concentration of lead in blood. / As indicated under sub. (3)(c), this does not apply to a health care provider who submits blood samples to an out-of-state analytical laboratory.

note or exception (3)(c)

(6) The department shall transmit results of the test on a person's blood sample to the local health department in the area in which the person tested resides if the results indicate lead poisoning or lead exposure.

(7) At the direction of the department and at the request of the local health department, a laboratory director or a health care provider under sub. (3)(b) shall report results of a blood lead test directly to the local health department in the area in which the person tested resides. The local health department shall transmit results of a blood lead test to the department in a format and according to a time frame acceptable to the department.

(8) Failure to report blood lead results is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

see 181.05 (2)

Note: To obtain information about reporting or to send blood test results and other patient information, write or call the Lead Poisoning Prevention Program, Bureau of Public Health, 1414 E. Washington Ave., Madison, WI 53703; telephone (608) 266-5817; fax (608) 267-4853.

**HFS 181.05 Timetable for reporting.** (1) (a) Blood lead concentrations of 45 or more micrograms of lead per 100 milliliters of blood shall be reported to the department within 24 hours from the time the analysis is completed.

Note: For patients with blood lead results of 45 ug/dl or more, report to the Department blood test results and other patient information by telephoning or faxing: Lead Poisoning Prevention Program, Bureau of Public Health, 1414 E. Washington Ave., Madison, WI 53703, telephone (608) 266-5817, fax (608) 267-4853.

(b) Blood lead concentrations of 10 or more micrograms of lead per 100 milliliters of blood, but less than 45 micrograms of lead per 100 milliliters of blood, shall be reported to the department within 48 hours from the time the analysis is completed.



(c) Blood lead concentrations of less than 10 micrograms of lead per 100 milliliters of blood shall be reported to the department within 30 days from the time the analysis is completed.

(2) Failure to report blood lead test results in the time frame identified in this section is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.06 Content of report.** (1) INFORMATION TO ACCOMPANY BLOOD SAMPLE FOR LABORATORY ANALYSIS. Any health care provider who submits a human blood sample to an analytical laboratory for the determination of the lead concentration in the blood shall include all of the following information with the blood sample:

(a) The patient's first name, middle initial and last name.

(b) The patient's month, date and year of birth.

(c) The patient's gender, male or female.

(d) The patient's race: Z=Unknown, W=White, B=Black, A=Asian, N=Native American, O=Other.

(e) Ethnicity: Z=unknown, H=Hispanic, N=Non-Hispanic.

(f) The patient's street address, city or town, county and zip code.

Note: A street address must be provided. A post office box is not acceptable.

(g) For a patient under 18 year's of age, the parent's or guardian's first name, middle initial and last name.

(h) For a patient under 18 year's of age, the parent's or guardian's area code and phone number.

(i) For a patient 18 years of age or older, the employer's name, street address, city or town, state and zip code.

(j) For a patient 18 years of age or older, the patient's occupation.

(k) The patient's medical assistance number, if applicable.

(l) The month, date and year the blood sample was collected.

(m) The method of blood sample collection, venous or capillary.

(n) The name of the health care provider submitting the blood sample, the name of that person's facility or practice, street address, city or town, state, zip code, area code and phone number.

**(2) ADDITIONAL INFORMATION TO BE PROVIDED BY LABORATORY.**

An analytical laboratory that determines the lead concentration in a sample of blood submitted to it for a blood lead test shall submit to the department or, in the case of an out-of-state analytical laboratory, to the health care provider, a report on the results of the blood lead test in accordance with ss. HFS 181.05 and 181.07. That report shall include all the information in sub. (1) and, in addition, all of the following information:

(a) The name of the analytical laboratory performing the analysis, and the laboratory's street address, city or town, state, zip code, area code and phone number and clinical laboratory improvement amendments number.

(b) The month, date and year the laboratory analysis was completed.

(c) Results of the blood lead test in micrograms of lead per 100 milliliters of blood.

**(3) FAILURE TO INCLUDE INFORMATION.** Failure to include in the report on blood lead results all of the information required under subs. (1) and (2) is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.07 Form of report submitted to department.** Reporting to the department shall be by electronic means in a format acceptable to the department unless the laboratory or other person who screens for lead poisoning or lead exposure does not have suitable electronic data transport capability, in which case reports may be paper reports in a format acceptable to the department.

Note: See Appendix A to this chapter for an acceptable format for either electronic or paper reporting of blood lead test results. To obtain more information about acceptable formats, write or call the Lead Poisoning Prevention Program, Bureau of Public Health, 1414 E. Washington Ave., Madison, WI 53703, telephone (608) 266-5817.

**HFS 181.08 Enforcement, penalties and immunity from liability.** (1) **ENFORCEMENT.** Pursuant to 254.30(1)(b), Stats., the department may report violations of this chapter to the district attorney of the county in which the violation occurred for enforcement action.

(2) **PENALTIES.** (a) *Civil.* Pursuant to 254.30 (2)(a), Stats., any doctor, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$1,000. Each day of continued violation constitutes a separate offense.

(b) *Criminal*. Pursuant to 254.30(2)(b), Stats., any ~~physician, nurse, hospital administrator, local health officer, director of analytical laboratory or director of a blood drawing site~~ who knowingly violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$5,000. The court may place the person on probation under s. 973.09 for a period not to exceed 2 years.

(3) IMMUNITY FROM LIABILITY. As provided in s. 254.13 Stats., a person making a report under this chapter in good faith is immune from civil or criminal liability that might otherwise be incurred from making the report.

# State of Wisconsin

# BLOOD LEAD LAB REPORTING FORM

## Information to be provided by the Health Care Provider

(Physician, Nurse, Hospital Administrator, Local Health Officer, Director of Blood Drawing Site)

Patient Name (Last)		(First)		(Middle Initial)	
Date of Birth (mm/dd/yr) / /		Medical Assistance Number (if applicable)		Gender (Circle One): Male / Female	
Race (Please check appropriate box)					
American Indian <input type="checkbox"/>		Black <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Asian/Pacific Islander <input type="checkbox"/>		White <input type="checkbox"/>		Other (Please Specify) _____	
Ethnicity (Please check appropriate box)					
Hispanic/Latino <input type="checkbox"/>		Non-Hispanic/Non-Latino <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Patient Street Address				Apt	
City		County		State	Zip
Parent/Guardian (if patient is under 18 years of age)					
(Last)		(First)		(Middle Initial)	
Parent/Guardian Telephone Number (if patient is under 18 years of age)					
home ( ) _____		work( ) _____		_____	
Employer Name and Address (if patient is 18 years of age or older)				Occupation	
Name of Health Care Provider _____					
Address _____					
Phone ( ) _____					
Patient's Physician (if other than Health Care Provider) _____					
Address _____					
Phone ( ) _____					

## ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Testing Facility (Laboratory) Name				
Address _____				
Clinical laboratory improvement amendments number: _____				
Phone: ( ) _____				
Blood Collection Type (check one)	Venous <input type="checkbox"/>	Capillary <input type="checkbox"/>	Date of Collection (mm/dd/yr) / /	
Date of Analysis (mm/dd/yr) / /		Blood Lead Result _____ $\mu\text{g/dl}$		

**Note: Check Box if Blood Lead Level is Greater than 45  $\mu\text{g/dl}$**

For patients with blood lead results of 45  $\mu\text{g/dl}$  or more, send this information immediately by fax to the Lead Poisoning Prevention Program, Bureau of Public Health, fax (608) 267-4853.

Return form to: Terri Dolphin, Childhood Lead Program  
DHFS-Bureau of Public Health  
1414 E Washington Ave. Rm 132  
Madison, WI 53703

The rules contained in this order shall take effect on the first day of the month following their publication in the Wisconsin Administrative Register as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health and  
Family Services

Date:

By: \_\_\_\_\_

Joseph Leean  
Secretary

SEAL:

FEB 10 2000

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Tommy G. Thompson  
Governor

Joe Leraan  
Secretary

State of Wisconsin

Department of Health and Family Services

February 10, 2000

The Honorable Fred Risser, President  
Wisconsin State Senate  
1 East Main, Suite 402  
Madison, WI 53702

The Honorable Scott Jensen, Speaker  
Wisconsin State Assembly  
1 East Main, Suite 402  
Madison, WI 53702

Re: Clearinghouse Rule 99-055  
HFS 181, relating to reporting of blood lead test results


Gentlemen:

In accordance with the provisions of s. 227.19(2), Stats., you are hereby notified that the above-mentioned rules are in final draft form. This notice and the report required by s. 227.19(3), Stats., are submitted herewith in triplicate.

The rules were submitted to the Legislative Council for review under s. 227.15, Stats. A copy of the Council's report is also enclosed.

If you have any questions about the rules, please contact Joseph Schirmer at 266-5885.

Sincerely,

  
Paul E. Menge  
Administrative Rules Manager

cc Gary Poulson, Deputy Revisor of Statutes  
✓ Senator Judy Robson, JCRAR  
Representative Glenn Grothman, JCRAR  
Joe Schirmer, Division of Public Health  
Bill Otto, Division of Public Health  
Kevin Lewis, Secretary's Office

2-9-00

PROPOSED ADMINISTRATIVE RULES – HFS 181  
ANALYSIS FOR LEGISLATIVE STANDING COMMITTEES  
PURSUANT TO S. 227.19 (3), STATS.

Need for Rules

These rules specify time periods and forms for reporting to the Department or a local health officer the results of tests made on human blood samples to determine the amount of lead in the blood.

Requirements to report cases of lead poisoning or lead exposure and the results of screening children under the age of 6 for lead poisoning or lead exposure are found in s. 254.13, Stats. Every physician who diagnoses lead poisoning or lead exposure, every person who screens a child under six years of age for lead poisoning or lead exposure, and any nurse, hospital administrator, director of a clinical laboratory or local health officer who has verified information of any person found to have or suspected of having lead poisoning or lead exposure is expected to report this information.

The reporting of all blood lead tests, as required by the rules, will serve the purposes stated in s. 254.13, Stats., and the broader purposes served by establishment of an adequate surveillance system authorized under s. 250.04(3), Stats.

The rules require that the results of all blood lead tests performed on blood samples taken from Wisconsin residents be reported to the Department, except that, at the request of a local health department and with agreement of the Department, the results may be reported to that local health department which then must forward the results to the Department. The way this will work is that whoever submits the sample of a person's blood to a laboratory for analysis to determine the amount of lead in the person's blood must send along with the sample specified information about the patient and how the sample was collected. That information will form part of the report to the Department or local health officer. Except in the case of an out-of-state laboratory or when a laboratory and health care provider agree in writing that the health care provider, after obtaining the test results from the laboratory, will report them to the Department, the laboratory is responsible for submitting the required report to the Department. The report will consist of the information submitted by the health care provider to the laboratory with the blood sample and information supplied by the laboratory that identifies the laboratory and states when the analysis was completed and the results of the blood lead test.

Responses to Clearinghouse Recommendations

All comments of the Legislative Council's Rules Clearinghouse were accepted, except the following:

5.b. Comment: In HFS 181.03 (12), the definition of “person who screens for lead poisoning or lead exposure” can be shortened by substituting the defined term “health care provider” for references to 5 specific types of health care providers.

Response: No change. Specification at this place of the disciplines included under “health care provider” is better for the reader.

5.d. Comment: In HFS 181.06 (1) (g) and (h), use of the word “parent’s” indicates that the name of only one parent is required. Is this the intent?

Response: Yes, this is the intent. One parent’s name is sufficient for follow-up purposes. To make this clear, the language here has been changed from “the parent’s” to “a parent’s.”

5.e. Comment: In HFS 181.08 (2) (a), “health care provider or director of a clinical laboratory” could be substituted for “doctor, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site.” If this change is not made, substitute “physician” for “doctor.”

Response: No change except to substitute “physician” for “doctor.” Specification at this place of the disciplines included under “health care provider” is better for the reader.

5.f. Comment: In HFS 181.08 (2) (b), “physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site” could be replaced with “health care provider or director of a clinical laboratory.”

Response: No change. Specification at this place of the disciplines included under “health care provider” is better for the reader.

### Public Review

The Department held one public hearing on the proposed rules. The hearing was in Madison on May 18, 1999. Five persons attended, 4 of whom testified on the rules. In addition, 6 other persons submitted written comments to the Department during the public review period that ended on May 25, 1999. A summary of the comments received during public review of the proposed rules and the Department’s responses to those comments are found in an attachment to this document.

No changes were made in the proposed rules in response to comments received from the public.



## Final Regulatory Flexibility Analysis

About half of the 31 or so non-public laboratories that do blood lead testing for Wisconsin health care providers are small businesses as "small business" is defined in s. 227.114 (1) (a), Stats., as are many of the health care providers, in particular, physicians and nurses working independently or in a group practice, who may obtain a blood sample or order that a blood sample be taken in order to obtain a laboratory's analysis of the concentration of lead in the person's blood.

The rules specify the information that a laboratory must report to the Department with the results of a blood lead test and include timetables for reporting that information which depend on the results. A health care provider submitting a blood sample to a clinical laboratory for analysis to determine concentration of lead in the blood must submit with the sample part of the information required for the report. The laboratory adds the rest of the required information.

None of the 5 methods set out in s. 227.114 (2), Stats., for reducing the impact of the rules on small businesses have been included in the rules.

Reporting to the Department or a local health officer the results of blood lead tests has been taking place under s. 254.13, Stat., for several years. It has not always been clear who is responsible for reporting, whether the health care provider or the clinical laboratory, and it has sometimes been difficult to get laboratories in particular to report everything that the Department wants reported. The rules make clear that the reporting responsibility is with the laboratories, unless a laboratory is out of state or the health care provider and the laboratory agree in writing that the health care provider will report, and the rules make clear also what must be reported, by when and how.

Comments were received during public review of the rules that the Department was requiring too much information in a report, that blood lead level test results of under 10 ug/dL should not be reportable and that the time limits for submitting reports following completion of laboratory analyses were too short.

The Department needs all of the information specified, including the reporting of test results under 10 ug/dL, in order to carry out its statutory responsibilities to evaluate occupational and environmental health hazards and to establish surveillance systems and follow-up programs, and the Department requires the information to be reported by the times specified in order to comply with a statutory requirement that lead poisoning or lead exposure be reported within 48 hours and to facilitate rapid public health agency response to lead hazards.

**SUMMARY OF PUBLIC HEARING TESTIMONY AND WRITTEN  
COMMENTS AND THE DEPARTMENT'S RESPONSES**

**PROPOSED HFS 181 - REPORTING OF BLOOD LEAD TEST RESULTS**

A public hearing was held in Madison on May 18, 1999. Staff in attendance were William Otto (hearing officer) and Joseph Schirmer (resource person) from the Department's Bureau of Environmental Health.

The hearing record was left open until May 25, 1999 for receipt of written comments.

Five persons attended the hearing, four of whom testified on the rules. In addition, six other persons submitted written comments to the Department during the public review period.

The following is a list of persons who either attended the public hearing or submitted written comments in writing during public review of the proposed rules:

- |  |  |
|--|--|
| 1. John Hausbeck<br>Madison City Department of<br>Public Health<br>Madison, WI     | Testified in support<br>of the proposed rules.                                     |
| 2. Bob Colla<br>Milwaukee City Health<br>Department<br>Milwaukee, WI               | Testified in support<br>of the proposed rules.                                     |
| 3. Noel Stanton<br>State Laboratory of Hygiene<br>Madison, WI                      | Testified in support<br>of the proposed rules.                                     |
| 4. Jane Maney<br>State Laboratory of Hygiene<br>Madison, WI                        | Testified, expressing<br>concern about a reporting<br>time for blood lead results. |
| 5. Seth Foldy, MD<br>Commissioner of Health<br>Milwaukee City Health<br>Department | Written comments in support<br>of the proposed rules.                              |

Milwaukee, WI

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|---|---|
| 6. Pamela J. Reich, Chair<br>Industrial Health Committee<br>Battery Council International<br>Washington, D.C. | Written comments in<br>opposition to 3 provisions.  |
| 7. Jeffrey T. Miller, Exec. Director<br>Lead Industries Association, Inc.<br>Sparta, New Jersey               | Written comments in<br>opposition to a definition<br>and to more information about<br>adult exposure. |
| 8. Barbara Herrmann & Dr. Leon<br>ACL (a laboratory)<br>Milwaukee, WI   | Written comments in opposition.   |
| 9. Jeffrey W. Britton, MD<br>Sheboygan Clinic<br>Sheboygan, WI  | Written comments in<br>opposition to some time limits<br>for reporting.                               |
| 10. Frank Matteo<br>Kenosha County Department of<br>Human Services<br>Kenosha, WI                             | Written support for the proposed<br>rules.  |

The following is a summary of the comments received during public review of the proposed rules and the Department's responses to those comments:

1. General comment: Supports the proposed rules. Because Milwaukee City Health Department staff provide follow-up services for thousands of lead poisoned children each year, they need accurate and timely information. Delays in reporting make the Health Department's job more difficult. Many families move in search of safer housing before the Health department's staff can reach them to provide services. When reports are delayed or lack accurate or complete information, the Health Department cannot act quickly enough to protect children from lead hazards. (Foldy)

Department response: Acknowledged.

2. General comment: Supports the proposed rules. In Milwaukee last year, 16% of the children tested were lead poisoned at the level of 20 ug/dL. The city provides medical and environmental services to all families whose children have blood lead of at least 20 ug/dL. The reporting rules are necessary to enable the city's environmental and medical professionals to get into the community and respond to the families of these lead poisoned children. In some areas of the city there is tremendous mobility, with 3 to 4 different families moving in and out of a residence during the

course of a year. Any delays in reporting increase the likelihood that the city will not be able to reach those families. Most elevated blood lead levels are now reported in a period of 4 to 6 weeks. The city would like to shorten that time. With the administrative rules in place, the time will be shortened and the city will be able to respond more quickly and reduce the rate of lead poisoning. Also, the proposed rules would help address the problem of missing information, i. e., the lack of complete reporting. The Milwaukee City Health Department spends a considerable amount of staff time contacting laboratories and physicians to try to track down addresses, phone numbers and other missing information. This causes further delay in providing services to the children. (Colla)

Department response: Acknowledged.

3. General comment: Supports the proposed rules. (Matteo)

Department response: Acknowledged.

4. General comment: Supports the proposed rules but expressed concern about laboratories reporting blood lead results for adults directly to local health departments. Questioned the relative capacity of local health departments to deal with occupational health exposure compared to the Wisconsin Department of Health and Family Services. (Stanton)

Department response: The Department recognizes this concern and will monitor local health departments receiving reports to ensure that blood lead reporting for adults receives appropriate attention and that the Department is forwarded the reported information in a timely fashion.

5. Comments on HFS 181.03 (10): (a) In the definition of "lead poisoning or lead exposure," the concentration level of lead in blood that makes for lead poisoning or lead exposure is too low for adults. (Reich)

(b) Opposes the definition of "lead poisoning or lead exposure." Suggests that the State already gets information about blood lead levels in adults. (Miller)

Department response: No change. The Department must follow the definition in s. 254.11 (9), Stats. While the Department does indeed now receive information about adult exposure, the reports often lack important details.

6. Comment on HFS 181.04 (1): Do not require reporting of all blood lead levels. Require laboratories and health care providers to report only elevated blood lead test results, i.e., blood lead of 10 ug/dL or more. (Britton)

Department response: No change. Section 254.13 (2), Stats., requires any person who screens a child under 6 years of age for lead poisoning or lead exposure to report the results to the Department. Section 250.04, Stats., gives the Department

authority and responsibility to require that blood lead tests be reported for persons age 6 and older. For example, s. 250.04 (3)(a), Stats., states that the Department shall establish surveillance activities sufficient to detect any occurrence of acute, communicable or chronic diseases and threat of occupational or environmental hazards, injuries or changes in the health of mothers and children. Section 250.04 (3) (b) 1., Stats., directs the Department to analyze occurrences, trends and patterns of acute, communicable or chronic diseases, maternal and child health, injuries and occupational and environmental hazards and distribute information based on the analyses. Section 250.04 (4) (b)., Stats., makes the Department responsible for follow-up investigations of unusual occurrences of occupational and environmental hazards and unusual changes in maternal and child health.

None of the above responsibilities can be fulfilled without the reporting of all blood lead tests. It is impossible for the Department to evaluate trends or patterns of disease without this information. If only the poisonings were reported, the Department would not know how the rate of poisoning varies by age, geographic location, occupation, race or ethnicity. With information about all blood lead tests, including normal and abnormal results, the Department can meet its responsibilities to establish surveillance systems and follow-up programs.

7. Comment on HFS 181.04 (1): Supports this rule. Having access to the results of all blood lead tests is helpful to our city Health Department. Using this information, the Health Department can determine if high-risk children are being screened. When a health department has access to all blood lead results (including both the elevated blood lead tests and those less than 10 ug/dL), the staff can determine what areas have higher rates of lead poisoning. Using this information, the city can communicate with physicians about need for screening in areas of the city where children are at risk for lead poisoning. (Hausbeck)

Department response: Acknowledged.

8. Comment on HFS 181.04 (6): Prefers that all blood lead results be reported directly to the local health departments rather than to the Department. Add language to direct the Department to work with local health departments to provide information that local departments may need. (Hausbeck)

Department response: No change. Under HFS 181.04 (7), a local health department may request the Department to approve having all blood lead test results reported directly to the local health department. As for the relationship between local health departments and the Department, there is language in ch. 250, Stats., governing that relationship. The ability of Department staff to respond to requests of local health departments for data analysis depends on the availability of staff resources.

9. Comments on HFS 181.05: (a) The requirement to report blood lead levels of 45 ug/dL or more within 24 hours from the time the analysis is completed is necessary and appropriate. However, it would be better to allow up to one week for

reporting of blood lead levels between 10 and 44 ug/dL rather than expect this to take place within 48 hours of completing the analysis. (Britton)

(b) Concerned about timelines for reporting. The State Laboratory of Hygiene has a high volume of testing and has to report many tests within 48 hours. It would complicate matters if it had to separate results by blood lead level. It would be simpler to report all results within 48 hours. However, what is the benefit to the Department and the public of reporting blood level test results of 10 ug/dL within 48 hours of analysis? (Maney)

(c) The timelines for reporting blood lead level test results are too short. (Reich)

(d) Substitute the following reporting schedule for the one proposed (Herrmann and Saryan):

Age	Blood lead level	Suggested Reporting Timetable
Children	Less than 10 ug/dL	30 days
	Between 10 and 44 ug/dL	48 hours (FAX only)
	45 ug/dL or greater	24 hours (FAX only)
Adult	Less than 25 ug/dL	30 days
	Between 25 and 39 ug/dL	1 week
	40 ug/dL or more	24 hours (FAX only)

Department response: No change. The Department must comply with statutory requirements. Higher blood lead levels require more urgent and rapid response from medical and public health professionals but the Department cannot change the statutes. Section 254.11 (9), Stats., defines lead poisoning or lead exposure as 10 or more micrograms of lead per 100 milliliters of blood. Section 254.13 (1), Stats., requires physicians, nurses, hospital administrators, directors of clinical laboratories and local health officers who have verified information of any person found or suspected to have lead poisoning or lead exposure to report this to the Department or to the local health officer within 48 hours after verifying the information.

The Department respects the efforts of laboratories trying to meet the legal requirements for reporting. The ability of local health departments to respond to reports of lead poisoning is dependent on their available staff resources. Some respond quickly to reports of blood lead poisoning in the range of 10 to 19 ug/dL while others can only respond quickly to reports of blood lead levels of 20 ug/dL or greater. Children in jurisdictions that intervene and provide information to control exposures for those with blood lead concentrations of 10 to 15 micrograms lead per 100 milliliters of blood have a lower risk of damage to their nervous systems than those living in communities that can respond only to higher blood lead levels. In any case, the intent of the statutes is clear:

Lead poisoning in children begins at 10 ug/dL and the 48-hour reporting schedule is intended to facilitate rapid public health responses to these events.

The suggested alternative reporting schedule seems to be reasonable but the statutes do not recognize a distinction between adult and childhood lead exposure.

10. Comment on HFS 181.06: (a) The rules require too much information to accompany blood samples for laboratory analysis. (Reich)

(b) Many health care providers who send blood samples to laboratories for employees exposed to lead in occupational settings will not provide demographic information such as race, ethnicity, date of birth or social security number. (Herrmann and Saryan)

Department response: Rules have the force of law. The specified information will enable the Department to meet its responsibilities to evaluate occupational and environmental health hazards. The Department under these rules will hold laboratories primarily responsible for reporting. If a laboratory or health care provider fails to report the required information, the Department may report violations to the district attorney or corporation counsel in the county where the laboratory or health care provider is located.

11. Comment on HFS 181.06 (3): Modify to state that omission of required data will result in a returned report form which still must be submitted by the time indicated under HFS 181.05. (Hausbeck)

Department response: This would be more complicated than helpful, and would legitimize sending in incomplete reports. The intention behind the rules is to ensure that reporting is prompt, accurate and complete

PROPOSED ORDER OF THE  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
CREATING RULES

To create chapter HFS 181, relating to reporting of blood lead test results.

Analysis Prepared by the Department of Health and Family Services

These rules specify time periods and forms for reporting to the Department or a local health officer the results of tests made on human blood samples to determine the amount of lead in the blood.

Requirements to report cases of lead poisoning or lead exposure and the results of screening children under the age of 6 for lead poisoning or lead exposure are found in s. 254.13, Stats. Every physician who diagnoses lead poisoning or lead exposure, every person who screens a child under six years of age for lead poisoning or lead exposure, and any nurse, hospital administrator, director of a clinical laboratory or local health officer who has verified information of any person found to have or suspected of having lead poisoning or lead exposure is expected to report this information.

The reporting of all blood lead tests, as required by the rules, will serve the purposes stated in s. 254.13, Stats., and the broader purposes served by establishment of an adequate surveillance system authorized under s. 250.04(3), Stats.

The rules require that the results of all blood lead tests performed on blood samples taken from Wisconsin residents be reported to the Department, except that, at the request of a local health department and with agreement of the Department, the results may be reported to that local health department which then must forward the results to the Department. The way this will work is that whoever submits the sample of a person's blood to a laboratory for analysis to determine the amount of lead in the person's blood must send along with the sample specified information about the patient and how the sample was collected. That information will form part of the report to the Department or local health officer. Except in the case of an out-of-state laboratory or when a laboratory and health care provider agree in writing that the health care provider, after obtaining the test results from the laboratory, will report them to the Department, the laboratory is responsible for submitting the required report to the Department. The report will consist of the information submitted by the health care provider to the laboratory with the blood sample and information supplied by the laboratory that identifies the laboratory and states when the analysis was completed and the results of the blood lead test.

The Department's authority to create these rules is found in ss. 250.04(7) and 254.13(2), Stats. The rules interpret ss. 250.04(3) and 254.13, Stats.

SECTION 1. Chapter HFS 181 is created to read:



## Chapter HFS 181

### REPORTING OF BLOOD LEAD TEST RESULTS

- HFS 181.01 Authority and purpose
- HFS 181.02 Applicability
- HFS 181.03 Definitions
- HFS 181.04 Reporting responsibility
- HFS 181.05 Timetable for reporting
- HFS 181.06 Contents of report
- HFS 181.07 Form of report submitted to department
- HFS 181.08 Enforcement, penalties and immunity from liability

**HFS 181.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 250.04(7) and 254.13 Stats., to ensure timely reporting to the department of the results of all tests made to determine the concentration of lead in a person's blood. The chapter establishes a foundation for a surveillance system that will identify, evaluate and provide a basis for controlling the prevalence of lead poisoning or lead exposure. When blood lead test results are properly reported, the department and local health departments are able to carry out their public health responsibilities to identify individuals with lead poisoning, identify and evaluate trends, patterns and risk factors for lead poisoning, identify sources of lead in the environment, educate the public and prevent exposure to lead.

**HFS 181.02 Applicability.** This chapter applies to any physician, nurse, hospital administrator, director of a blood drawing site or local health officer who obtains a person's blood sample or orders that a blood sample be taken from a Wisconsin resident for the purpose of measuring the concentration of lead in the blood and to directors of clinical laboratories that analyze human blood samples to determine the concentration of lead in blood.

**HFS 181.03 Definitions.** In this chapter:

- (1) "Blood lead test" means the determination by a clinical laboratory of the amount of lead in a blood sample.
- (2) "Blood sample" means any human blood sample, venous or capillary, drawn for analysis of the concentration of lead in the blood.
- (3) "Clinical laboratory" means a laboratory which analyzes human blood samples to determine the concentration of lead in blood and which meets the standards of the clinical laboratory improvement amendments.

(4) "Clinical laboratory improvement amendments" means the federal clinical laboratory improvement amendments of 1988, as amended, 42 USC 263a and 42 CFR Part 493.

(5) "Department" means the Wisconsin department of health and family services.

(6) "Director of a blood drawing site" means a person responsible for a location where blood samples are obtained or drawn for the purpose of determining the concentration of lead in the blood.

(7) "Health care provider" means a physician, nurse, hospital administrator, local health officer or director of a blood drawing site.

(8) "Local health department" has the meaning specified under s. 250.01(4). Stats.

(9) "Local health officer" means the person in charge of a local health department.

(10) "Lead poisoning or lead exposure" means a concentration of lead in the blood of 10 micrograms or more of lead per 100 milliliters of human blood.

(11) "Medical assistance" means the assistance program under ss. 49.43 to 49.497, Stats., and chs. HFS 101 to 108.

(12) "Screens" means taking a sample of blood from a person and sending the blood sample to a clinical laboratory for determination of the concentration of lead in the person's blood.

(13) "Person who screens for lead poisoning or lead exposure" means a physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who screens blood samples for determination of the concentration in the blood.

**HFS 181.04 Reporting responsibility.** (1) The results of all blood lead tests performed on blood samples taken from Wisconsin residents shall be reported to the department.

(2) When a health care provider sends a blood sample to a clinical laboratory for determination of the concentration of lead in the blood, the health care provider shall include with the blood sample all the information required under s. HFS 181.06 (1).

(3)(a) Except as provided in par. (b), directors of clinical laboratories shall report to the department the results of all blood lead tests and the other information as described in s. HFS 181.06 for each blood lead test regardless of the concentration of lead in the blood.

(b) If there is a written agreement between the health care provider and the clinical laboratory, the health care provider may report the blood lead test results and the other information described in s. HFS 181.06 to the department.

(c) If the health care provider sends blood samples to a clinical laboratory outside of Wisconsin, the health care provider shall report the blood lead test results and other information described in s. HFS 181.06 to the department.

(4) A health care provider shall be considered to have met the requirement under s. 254.13 (1), Stats., to report results to the department if the health care provider submits the information required under s. HFS 181.06(1) in writing with the blood sample when sending the blood sample to a clinical laboratory for determination of the concentration of lead in blood except as indicated in sub. (3) (c).

(5) The department shall transmit results of the test on a person's blood sample to the local health department in the area in which the person tested resides if the results indicate lead poisoning or lead exposure.

(6) At the direction of the department and at the request of the local health department, a laboratory director or a health care provider under sub. (3)(b) shall report results of blood lead tests directly to the local health department in the area in which the person tested resides. The local health department shall transmit results of blood lead tests and the other information required by HFS 181.06 at least quarterly to the department in a format acceptable to the department.

(7) Failure to report blood lead results is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**Note:** To obtain information about reporting or to send blood test results and other patient information, write or call the Lead Poisoning Prevention Program, Division of Public Health, 1414 E. Washington Ave., Madison, WI 53703, telephone (608) 266-5817.

**HFS 181.05 Timetable for reporting.** (1)(a) Blood lead concentrations of 45 micrograms or more of lead per 100 milliliters of blood shall be reported to the department within 24 hours from the time the analysis is completed.

**Note:** For patients with blood lead results of 45 micrograms lead per 100 milliliters of blood or more, report to the Department blood lead test results and other patient information by telephoning or faxing: Lead Poisoning Prevention Program, Division of Public Health, 1414 E. Washington Ave., Madison, WI 53703, telephone (608) 266-5817; fax (608) 267-0402.

(b) Blood lead concentrations of 10 micrograms or more of lead but less than 45 micrograms of lead per 100 milliliters of blood shall be reported to the department within 48 hours from the time the analysis is completed.

(c) Blood lead concentrations of less than 10 micrograms of lead per 100 milliliters of blood shall be reported to the department within 30 days from the time the analysis is completed.

(2) Failure to report blood lead test results in the time frame identified in this section is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.06 Contents of report.** (1) **INFORMATION TO ACCOMPANY BLOOD SAMPLE FOR LABORATORY ANALYSIS.** Any health care provider who submits a human blood sample to a clinical laboratory for a determination of the lead concentration in the blood shall include all of the following information with the blood sample:

- (a) The patient's first name, middle initial and last name.
- (b) The patient's month, date and year of birth.
- (c) The patient's gender, male or female.
- (d) The patient's race: Z=Unknown, W=White, B=Black, A=Asian, N=Native American, O=Other.
- (e) Ethnicity: Z=unknown, H=Hispanic, N=Non-Hispanic.
- (f) The patient's street address, apartment number, city or town, county and zip code.  
**Note:** A street address must be provided if available. A post office box is not an acceptable alternative.
- (g) For a patient under 18 year's of age, a parent's or guardian's first name, middle initial and last name.
- (h) For a patient under 18 year's of age, a parent's or guardian's area code and phone number.
- (i) For a patient 16 years of age or older, and if the patient is employed, the employer's name, street address, city or town, state and zip code.
- (j) For a patient 16 years of age or older, the patient's occupation, if employed.
- (k) The patient's medical assistance number, if applicable.
- (l) The month, date and year the blood sample was collected.
- (m) The method of blood sample collection, venous or capillary.

(n) The name of the health care provider submitting the blood sample, the name of that person's facility or practice, street address, city or town, state, zip code, area code and phone number.

(o) The name and address of the patient's physician, if other than the health care provider.

(2) **ADDITIONAL INFORMATION TO BE PROVIDED BY LABORATORY.** A clinical laboratory that determines the lead concentration in a sample of blood submitted to it for a blood lead test shall submit to the department a report on the results of the blood lead test in accordance with ss. HFS 181.05 and 181.07. That report shall include all the information in sub. (1) and, in addition, all of the following information:

(a) The name of the clinical laboratory performing the analysis, and the laboratory's street address, city or town, state, zip code, area code and phone number and clinical laboratory improvement amendments number.

(b) The month, date and year the laboratory analysis was completed.

(c) Results of the blood lead test in micrograms of lead per 100 milliliters of blood.

(3) **FAILURE TO INCLUDE INFORMATION.** Failure to include in the report on blood lead results all of the information required under subs. (1) and (2) is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.07 Form of report submitted to the department.** Reporting to the department shall be by electronic means in a format acceptable to the department unless the laboratory or other person who screens for lead poisoning or lead exposure does not have suitable electronic data transport capability, in which case reports may be paper reports in a format acceptable to the department.

**Note:** See Appendix A to this chapter for an acceptable format for either electronic or paper reporting of blood lead test results. To obtain more information about acceptable formats, write or call the Lead Poisoning Prevention Program, Division of Public Health, 1414 E. Washington Ave., Madison, WI 53703, telephone (608) 266-5817.

**HFS 181.08 Enforcement, penalties and immunity from liability.** (1) **ENFORCEMENT.** Pursuant to s. 254.30(1)(b), Stats., the department may report violations of this chapter to the district attorney of the county in which the violation occurred for enforcement action.

(2) **PENALTIES.** (a) *Civil.* Pursuant to 254.30 (2)(a), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$1,000. Each day of continued violation constitutes a separate offense.

(b) *Criminal.* Pursuant to s. 254.30(2)(b), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who knowingly violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$5,000. The court may place the person on probation under s. 973.09, Stats., for a period not to exceed 2 years.

(3) **IMMUNITY FROM LIABILITY.** As provided in s. 254.13, Stats., a person making a report under this chapter in good faith is immune from civil or criminal liability that might otherwise be incurred from making the report.

Appendix A

State of Wisconsin

BLOOD LEAD LAB REPORTING FORM

Information to be provided by the Health Care Provider

(Physician, Nurse, Hospital Administrator, Local Health Officer, Director of Blood Drawing Site)

Patient Name (Last)		(First)		(Middle Initial)	
Date of Birth (mm/dd/yr) / /		Medical Assistance Number (if applicable)		Gender (Circle One): Male / Female	
Race (Please check appropriate box)					
Native American <input type="checkbox"/>		Black <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Asian/Pacific Islander <input type="checkbox"/>		White <input type="checkbox"/>		Other (Please Specify) _____	
Ethnicity (Please check appropriate box)					
Hispanic/Latino <input type="checkbox"/>		Non-Hispanic/Non-Latino <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Patient Street Address				Apt	
City		County		State	Zip
Parent or Guardian (if patient is under 18 years of age)					
(Last)		(First)		(Middle Initial)	
Telephone Number (Or Parent or Guardian telephone number if patient is under 18 years of age)					
home ( ) _____		work ( ) _____		_____	
Employer Name and Address (if patient is 16 years of age or older)				Occupation	
Name of Health Care Provider _____					
Address _____					
Phone ( ) _____					
Patient's Physician (if other than Health Care Provider) _____					
Address _____					
Phone ( ) _____					

ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name		Clinical laboratory improvement amendments number:			
Address:		_____			
		Phone: ( ) _____			
Blood Collection Type (check one)	Venous <input type="checkbox"/>	Capillary <input type="checkbox"/>	Date of Collection (mm/dd/yr) / /		
Date of Analysis (mm/dd/yr) / /	<b>Results</b> _____ <b>micrograms lead per 100 milliliters of blood</b>				

**If test results indicate 45 or more micrograms lead per 100 milliliters of blood, send this form immediately by fax to 608 267-0402.**

Return all forms to: Terri Dolphin, DHFS-Division of Public Health

1414 E. Washington Ave, Rm 132

Madison, WI 53703

The rules contained in this order shall take effect on the first day of the month following their publication in the Wisconsin Administrative Register as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health and  
Family Services

Date:

By: \_\_\_\_\_  
Joseph Lecaan  
Secretary

SEAL: