

**Alabama Childhood Lead Poisoning Prevention Program**

**Form Updated: February 11, 2020**

Use this form to report all non-elevated blood lead levels less than 5 µg/dL. Please print or type all requested information.

Fax to (334) 206-3726 within 30 days of testing. Please call (334) 206-3883 if you have any questions.

*Elevated blood lead levels equal to or greater than 5 µg/dL should be reported on the elevated blood lead reporting form within 5 days of testing.*

Last Name, First Name	DOB/ Medicaid #	Sex (M or F)	Race/ Ethnicity (list all)	Street Address City, State, Zip	County	Collection Date	Venous or Capillary	Blood Lead Level

Reporting Facility \_\_\_\_\_

Name of Sender \_\_\_\_\_ Phone \_\_\_\_\_