TEXAS
Health and Human Services
Texas Department of State Health Services

Childhood Blood Lead Level Report

Form F09-11709

Confidential Medical Record

Fax or Mail Form To:	↓ If Using Custom Address Stamp, Stamp Here ↓
Texas Childhood Lead Poisoning Prevention Program Texas Department of State Health Services PO Box 149347, MC1964 Austin, TX 78714 **Fax Number**: (512) 776-7699	

Child Information

Child's Last Name   **First Name**   **M.I.**

Date of Birth *(mm/dd/yyyy)*   **Social Security #**   **Medicaid #**

Gender: *(check one)*
☐ Male   ☐ Female

Ethnicity: *(check one)*
☐ Hispanic   ☐ Non-Hispanic   ☐ Unknown

Child Race: *(check one)*
☐ White   ☐ Black   ☐ Asian or Pacific Islander
☐ Native American or Alaskan Native   ☐ Multi-Racial   ☐ Unknown

Current Address: **Apartment #**

City   **State**   **Zip**

Blood Lead Level Information

Test Date *(mm/dd/yyyy)*   **Blood Lead Level** *(µ/dL)*

Sample Type *(check one)*
☐ Capillary   ☐ Venous   ☐ Unknown

LeadCare II *(check one)*
☐ Yes   ☐ No

Testing Laboratory Name

Laboratory Phone

Laboratory City

↓ If Using LeadCare System, Place Label Here ↓

Healthcare Provider Information

Provider Last Name   **First Name**   **Middle Name**

Clinic Name   **Phone #**   **Fax #**

Clinic Address: **Suite #**

City   **State**   **Zip**

Texas Childhood Lead Poisoning Prevention Program
PO BOX 149347, MC1964 ▪ Austin, TX 78714-9347 ▪ 1-800-588-1248 ▪ www.dshs.texas.gov/lead

(Rev. Aug. 2018)