BLOOD LEAD REPORT

NORTH DAKOTA HEALTH AND HUMAN SERVICES
HEALTH STATISTICS AND PERFORMANCE
SFN 60104 (6-2025)

Patient Information:

Last Name	First Name	Middle Initial	
Street Address	City	State	ZIP Code
County	Telephone Number	Date of Birth	

Sex	Race (select all that apply)	Ethnicity
☐ Male ☐ Female	☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ White/Caucasian ☐ Native Hawaiian or Pacific Islander ☐ Unknown ☐ Other	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Guardian Name (if child patient)	Adult Patient's Employer

Test Information:

Blood Test Type: ☐ Venous ☐ Capillary		
Date Drawn	Date Lead Result	Result
		µg/dL

Analysis Laboratory Information:

Laboratory Name		
Address		
City	State/ZIP Code	
Telephone Number		
[redacted]		

Health Care Provider Information:

Provider Name	
Clinic Name	
Address	
City	State/ZIP Code
Telephone Number	

Under North Dakota's HIPPA Act, the information requested on this form must be kept private by any North Dakota Health and Human Services staff who receives it. A report of an elevated blood lead level may be reported to a local health department for follow-up. Summaries of blood lead data are reported to the State officials to describe the extent of lead poisoning in North Dakota. Refusal by a patient or a parent of a patient to provide this information will not affect the eligibility of the patient to receive any benefits.

North Dakota Administrative Code, Section 33-06-01-01.34 requires medical laboratories, health care providers, hospitals and care facilities to report blood lead analyses and related information to North Dakota Health and Human Services.

Please mail completed form to:
North Dakota Health and Human Services
Health Statistics and Performance
600 E Boulevard Ave. Dept 325
Bismarck, ND 58505
(701) 328-2378
Fax: (701) 328-2785