Confidential Heavy Metal and Toxic Exposure Report Form
State of Alaska, Section of Epidemiology

Health care providers may use this form for making Heavy Metal reports. This includes heavy metals such as arsenic, cadmium, cobalt, lead, and mercury. Forms may be found at http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx.

Patient Information

Last Name _____ **First Name**_____ **MI** _____

Date of birth ____/____/_____ (mm/dd/yyyy) **Sex:** ☐ Female ☐ Male ☐ Transgender **Pregnant:** ☐ No ☐ Yes; # of weeks _____ ☐ Unknown

Race: ☐ White ☐ Black ☐ Alaska Native/American Indian ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Unknown ☐ Other _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Physical Address _____ **PO Box** _____

City _____ **State**_____ **Zip Code** _____

Phones (home) _____ **(cell)** _____ **(work)** _____

Heavy Metal and Toxic Exposure Information

METAL	SPECIMEN	SPECIMEN COLLECTION DATE	TEST RESULT	NOTE SPECIES IF APPLICABLE (*e.g. organic/inorganic)*
☐ **ARSENIC**	☐ Urine ☐ Blood ☐ Serum ☐ Other Specimen: _____	___/___/___		
☐ **CADMIUM**	☐ Urine ☐ Blood ☐ Serum ☐ Other Specimen: _____	___/___/___		
☐ **COBALT**	☐ Urine ☐ Blood ☐ Serum ☐ Other Specimen: _____	___/___/___		
☐ **LEAD**	☐ Urine ☐ Blood (capillary) ☐ Serum ☐ Blood (venous) ☐ Other Specimen: _____	___/___/___		
☐ **MERCURY**	☐ Urine ☐ Blood ☐ Serum ☐ Other Specimen: _____	___/___/___		
☐ **OTHER**	☐ Urine ☐ Blood ☐ Serum ☐ Other Specimen: _____	___/___/___		

Patient hospitalization time if applicable: _____ **Name of Medical Facility** _____

Attending health care provider _____ **Phone** _____

Laboratory Name (*if known)* _____

Notes (e.g., symptoms or suspected exposure source): Toxic symptoms if applicable:

Fax reports to (907) 561-4239 – please verify fax has been transmitted. 6/20/2018