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: