

How to Upload Blood Lead Results

Overview: NRS 442.700 requires medical providers to report all blood lead test results and specific demographic variables to the Southern Nevada Health District. This document provides step-by-step instructions on how to report this data. These instructions cover the following:

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The Importance of Reporting Blood Lead Results

Nevada has one of the lowest rates of blood lead screening in the nation and the total burden of lead exposure on Nevada's children is currently unknown. Similarly, because key demographic data have not been previously collected, it is unclear which populations in Nevada bear the burden of lead exposure.

By submitting your medical practice's blood lead levels results to the Southern Nevada Health District, you play a critical role in strengthening Nevada's lead exposure surveillance system. As a result of your submissions, we will be able to better identify and provide critical resources to children who have been exposed to lead— now and into the future.

[Click here](#) to see NRS 442.700: Screening for Amount of Lead in Blood of Children.


Creating a MySNHD account



Step 1: Go to: <https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/>

- It is recommended that you bookmark this webpage on your browser for quicker future access.
- If you **already have an account** with southernnevadahealthdistrict.org please skip to [page 7](#).
- If you do not have an online account, click “register” to create one.

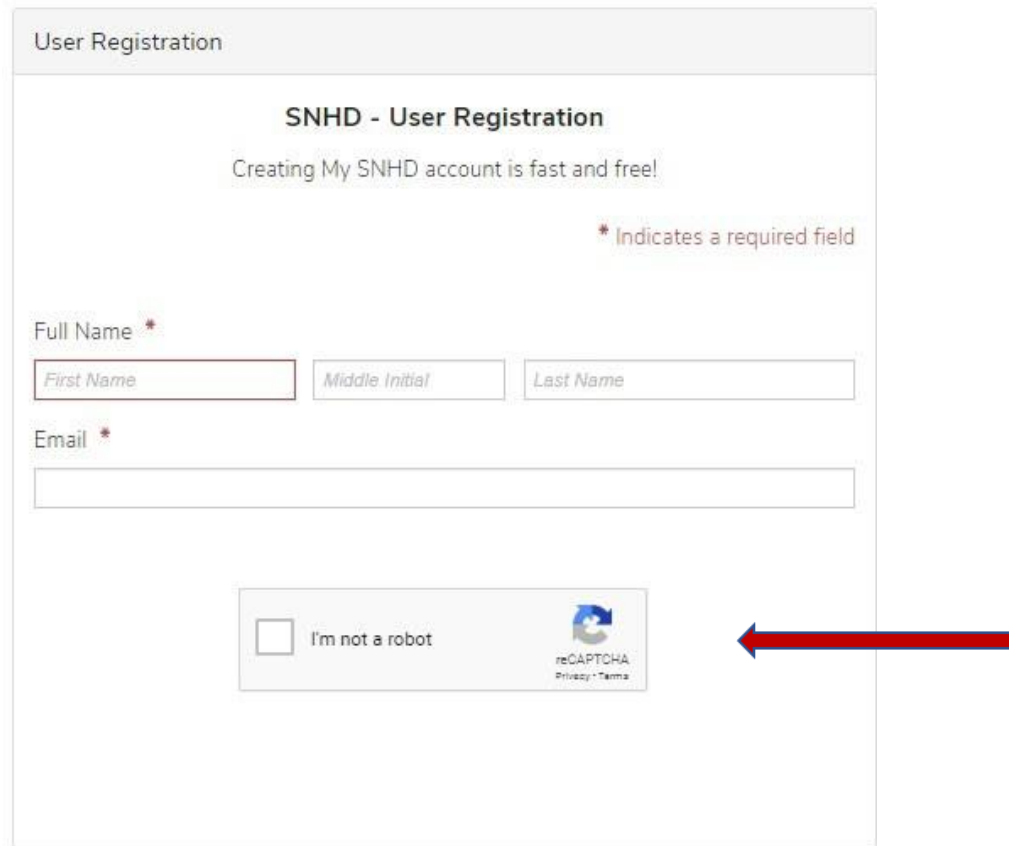
Username *

Password *



Step 2: Fill out the user registration form with your name and email address. Then select “I am not a robot.”



The screenshot shows the 'User Registration' form for SNHD. The form has a title 'SNHD - User Registration' and a subtitle 'Creating My SNHD account is fast and free!'. A red asterisk indicates a required field. The form includes fields for 'Full Name' (split into 'First Name', 'Middle Initial', and 'Last Name') and 'Email'. Below these fields is a reCAPTCHA checkbox labeled 'I'm not a robot' with a red arrow pointing to it. The reCAPTCHA logo and 'Privacy - Terms' link are also visible.

User Registration

SNHD - User Registration

Creating My SNHD account is fast and free!

* Indicates a required field

Full Name *

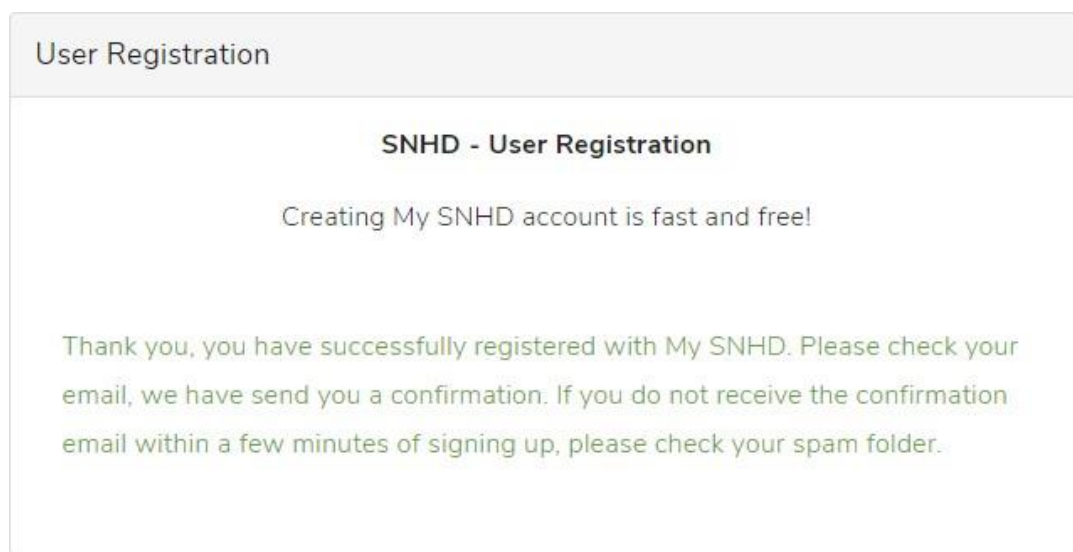
First Name Middle Initial Last Name

Email *

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

Step 3: You should get a “Thank you message” and confirmation email to the email you specified in Step 2. If you do not see the confirmation email, check your spam folder.



The screenshot shows the 'User Registration' form for SNHD, displaying a confirmation message. The message states: 'Thank you, you have successfully registered with My SNHD. Please check your email, we have send you a confirmation. If you do not receive the confirmation email within a few minutes of signing up, please check your spam folder.'

User Registration

SNHD - User Registration

Creating My SNHD account is fast and free!

Thank you, you have successfully registered with My SNHD. Please check your email, we have send you a confirmation. If you do not receive the confirmation email within a few minutes of signing up, please check your spam folder.

Step 4: You will receive an email from do-notreply@snhd.org titled “My SNHD Account has been created”. This email will be addressed to the name entered in Step 2, and will contain your username and temporary password.

Click the link titled “Proceed to My SNHD, Online Disease Reporting” and you’ll be directed to the sign in screen.



Welcome to My SNHD

Thank you for signing up

Hello

Welcome to My SNHD account! We've set up your account.

Your account information

Username:

Password:

[Proceed to My SNHD, Online Disease Reporting](#)



Thank you.

Sincerely,

Southern Nevada Health District


Step 5: You will now log in for the first time using the credentials from step 4. Click “Login” after you have filled in both username and password.

* Indicates a required field

Username *

Password *

Login



Step 6: You will now have the opportunity to change your password. Enter a password you will remember and update your mailing address and phone number. The mailing address and phone number can be either business or personal. When finished, click “Submit”.

My SNHD Account Information

* Indicates a required field

Note: Passwords must be at least six characters in length and contain a number, an uppercase and a lowercase letter. It cannot contain a space, single quote or double quote.

New Password *

Confirm Password *

Mailing Address *

United States

Street


City Nevada

ZIP/Postal Code

Phone Number *

(xxx) xxx-xxxx

Submit



Reporting a single elevated blood lead level (≥ 3.5 $\mu\text{g/dL}$)

Elevated blood lead levels ≥ 3.5 $\mu\text{g/dL}$ must be reported within one business day, regardless of testing method (capillary or venous).

Step 1: Go to <https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/>

- It is recommended that you bookmark this webpage on your browser for quicker future access.

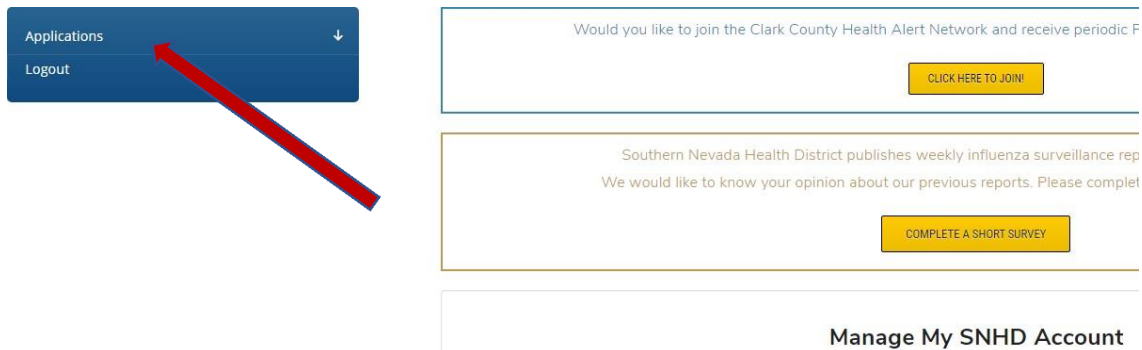
Step 2: Login using your username and password.

Username *

Password *


Login

Step 3: You will be directed to a page similar to the one below. It will contain your information and a drop-down menu that says “Applications”. Hover over “Applications” or click on the downward-pointing arrow.



The screenshot shows a user dashboard. On the left is a dark blue sidebar with 'Applications' and 'Logout' links. A red arrow points to the 'Applications' link. The main content area has three sections: 1) A blue box asking 'Would you like to join the Clark County Health Alert Network and receive periodic F' with a 'CLICK HERE TO JOIN!' button. 2) A yellow box stating 'Southern Nevada Health District publishes weekly influenza surveillance rep' and 'We would like to know your opinion about our previous reports. Please complet' with a 'COMPLETE A SHORT SURVEY' button. 3) A white box with the text 'Manage My SNHD Account'.

Step 4: You will see a list of available reports appear under ‘Applications’. Elevated blood lead levels (≥ 3.5 $\mu\text{g/dL}$) need to be reported individually. Click on “Provider Disease Reporting”.



The screenshot shows the 'Applications' dropdown menu. It lists several options: 'Animal Bite Report', 'Influenza Report', 'Provider Disease Reporting' (highlighted with a red arrow), 'Rabies (RPEP) Report', and 'Reporting Blood Lead Levels <5 $\mu\text{g/dL}$ '. At the bottom is a 'Logout' button.


Step 5: In the pull-down menu under “Disease or Condition Name”, select “Lead: Exposures and elevated levels”.

Reports of known or suspected cases of certain diseases must be immediately reported by telephone to (702) 759-1300, option #2 (available 24 hours).
These diseases include: Anthrax, Botulism, Influenza (novel strains), Measles, Meningococcal disease, Plague, Rabies (Human), Poliovirus infection, Severe Acute Respiratory Syndrome (SARS), Smallpox (variola), Tularemia, Viral hemorrhagic fevers, suspected outbreaks, extraordinary occurrences of illness, and any disease that is known or suspected to be related to an act of intentional transmission or biological terrorism. (Nevada Administrative Code 441A.225).

Disease or Condition Name *

Lead: Exposures and elevated levels

Disease Information




Step 6: Fill out the rest of the Provider Disease Reporting form. Click “Submit” when finished.

Patient's Parent or Guardian

First Name

Last Name

Submit



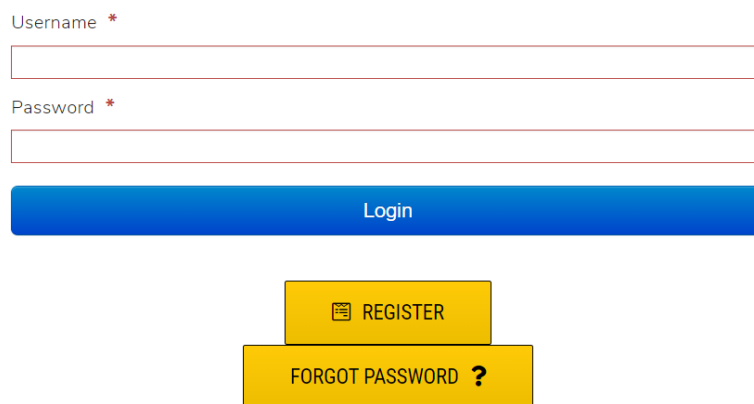
Reporting multiple non-elevated blood lead levels (<3.5 µg/dL)

Non-elevated blood lead levels (<3.5 µg/dL) should be reported on a quarterly basis (every three months), at a minimum, to the Southern Nevada Health District.

Step 1: Go to <https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/>

- It is recommended that you bookmark this webpage on your browser for quicker future access.

Step 2: Login using your username and password.



Username *

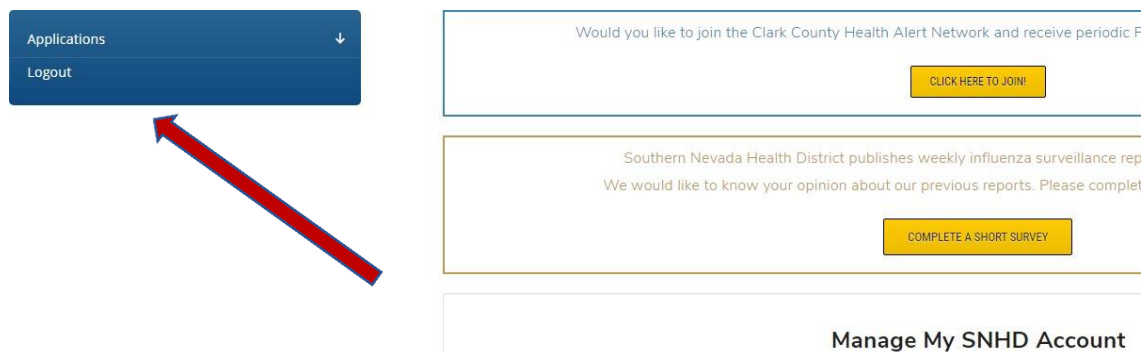
Password *

Login

REGISTER

FORGOT PASSWORD ?

Step 3: When you login after creating an account, you will be on a page that looks similar to the one below. It will contain your information and a drop-down menu that says “Applications”.



Applications ↓

Logout

Would you like to join the Clark County Health Alert Network and receive periodic F

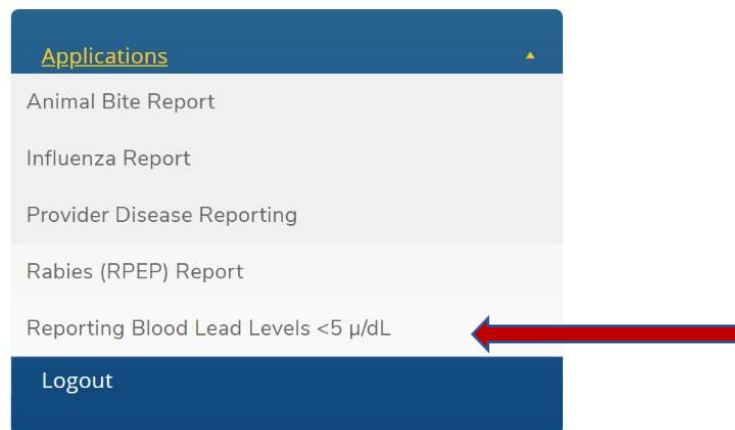
CLICK HERE TO JOIN!

Southern Nevada Health District publishes weekly influenza surveillance rep
We would like to know your opinion about our previous reports. Please complet

COMPLETE A SHORT SURVEY

Manage My SNHD Account

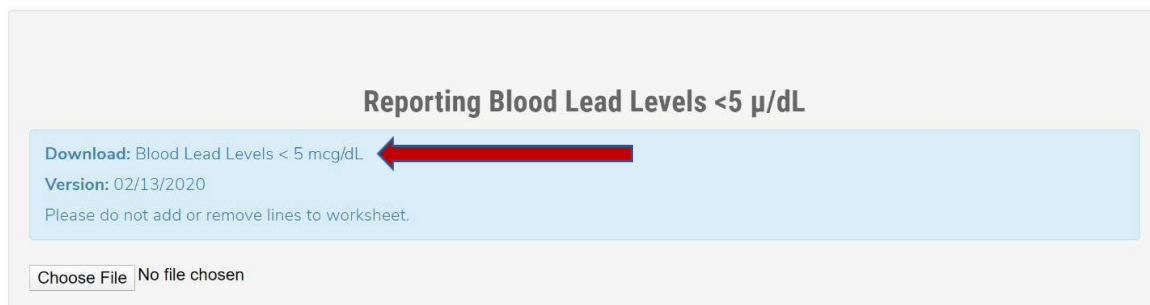
Step 4: When you hover over “Applications” or click on the small arrow pointing down you will see a list of available report forms.



Reporting Blood Lead Levels < 3.5 µg/dL Portal (recommended for multiple reports)

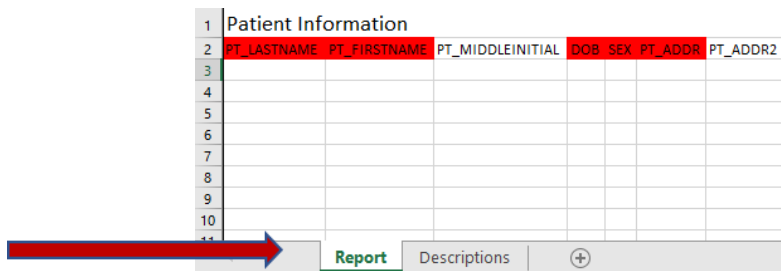
- Use this portal to upload multiple non-elevated blood lead levels (< 3.5 µg/dL) at a time.
- If you wish to upload multiple blood lead level reports (<3.5 µg/dL) at a time, click on “Reporting Blood Lead Levels <3.5 µg/dL”.

Step 5: Download the excel template by clicking the hyperlink titled “Blood Lead Levels < 3.5 µg/dL”. Please be aware of the “Version” date and use the most up to date template. This file is called “Blood_Lead_Online_Reporting_Spreadsheet_version_2020-02-13.xlsx”. The date will change depending on version. You may change the file name at any point as it will not affect submitting it.

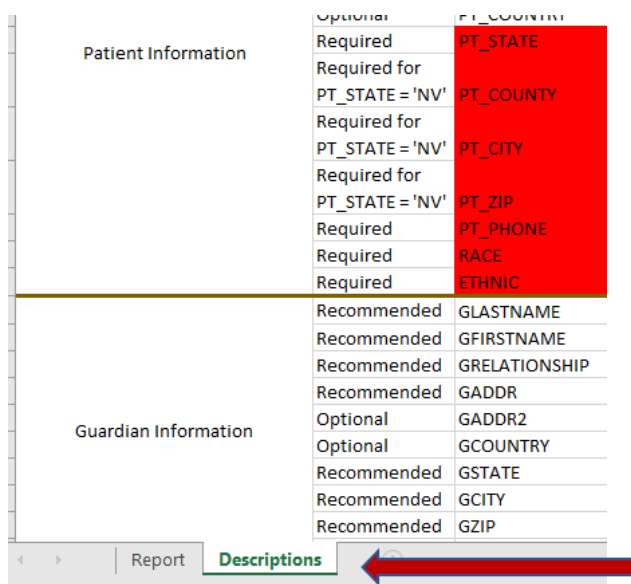


Step 6: Next, fill out the excel sheet titled “Report” with the blood lead results from your practice.

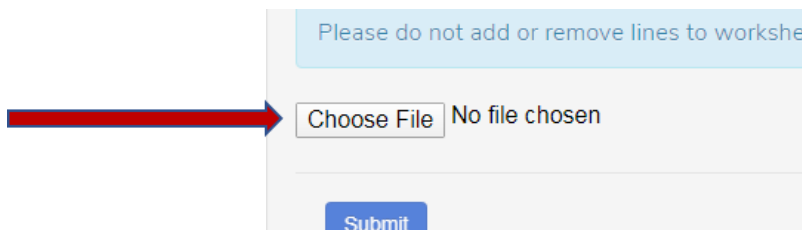
This can be done manually by typing the appropriate data in each cell. You can also have your IT department (or potentially the company you use for electronic health records) automate the process by writing a program that automatically pulls the needed data from electronic health records and generates a daily report in an excel file.



The sheet titled “Descriptions” provides descriptions of each cell’s parameters and limitations. Please do not deviate from this as the data will not be usable. Red cells are required information.



Step 7: After filling out the excel file or having the excel file automatically generated by your IT department, click “Choose File”. Select which file to upload and click “open”.



Step 8: Once the file has been chosen, click “Submit”.

Please do not add or remove lines to worksheet.

Choose File Blood_Lead_O... 13 (2).xlsx

Submit

Step 9: You will receive a message in green confirming that your file has been successfully uploaded.

Upload Blood_Lead_Online_Reporting_Spreadsheet_version_2020-02-13 (4).xlsx successfully! Thank you. ×

Reporting Blood Lead Levels <5 µ/dL

Download: Blood Lead Levels < 5 mcg/dL
Version: 02/13/2020
Please do not add or remove lines to worksheet.

Choose File No file chosen

Submit

Frequently Asked Questions?

Do I have to submit blood lead level reports less than 3.5 µg /dL to the Southern Nevada Health District?

Yes, medical practices in Clark County are required to report all blood lead results to the Southern Nevada Health District including those less than (<) 3.5 µg /dL per Nevada Revised Statute 442.700.

We send patients to a laboratory that collects and submits blood lead results to the Southern Nevada Health District. Does my medical practice still have to submit blood lead results to the Southern Nevada Health District?

Laboratories do not report all data required by NRS 442.7000. Therefore, yes, medical practices are required to report all blood lead results and demographic variables to the Southern Nevada Health District.

Do I have to collect and report demographic data to the Southern Nevada Health District?

Pursuant with NRS 442.700, you are required by law to collect and report demographic data when submitting blood lead level results. Required demographic data includes: name, sex, race, ethnicity and date of birth of the child as well as the address where the child resides (including county and zip code).

How often do I need to report?

We encourage medical offices **with** IT support to automate reporting **daily** to your local health district. Please consult your IT department to set this up. If your IT department has questions about this process, they can email the Southern Nevada Health District's Office of Informatics at informatics@snhd.org with inquiries.

We encourage medical offices **without** IT support to report non-elevated blood lead levels (< 3.5 µg/dL) quarterly (every three months) at a minimum. Reporting monthly is strongly recommended.

Can the company my office uses for our electronic health record (EHR) software add new demographics fields to medical records?

Yes, the company who manages your EHR software can add new data fields to electronic health records so you can comply with NRS 442.700.

My office does not have IT support to automate the creation of daily blood lead reports. What do I do?

You can manually type in required data fields in the Excel sheet. Or you may consult with the company that manages your electronic health records for potential assistance.

Can I use the batch reporting process to include all (elevated and non-elevated) blood lead level data?

Yes, the batch loading process can be used to submit all blood lead level data—both elevated and non-elevated. However, elevated blood lead levels (≥ 3.5 µg/dL) must be reported within one business day of obtaining results.

Why are there two separate reporting forms?

One form is intended for uploading singles cases and the other form is intended for uploading multiple cases.

Do I need a MySNHD account to submit blood lead level results?

Yes, in order to submit blood lead results you must first create an account.

Can I still fax my blood lead reports?

Uploading blood lead results via the online portal is more efficient and reduces human error. If this is not an option, you can still fax reports to the Southern Nevada Health District here: (702) 759-1414.

What information do I need to submit to the Southern Nevada Health District?

Please see required data points below.

Description of Blood Lead Reporting Data Points

Section	Reporting	Column Name	Description	Spreadsheet format
Analyzing Laboratory Information (for LeadCare II users, this would be the facility information)	Required	LAB_ID	CLIA Numerical Identifier	Max 15 chars
	Required	LAB_NAME	Public Name of Lab	Max 50 chars
	Required	LAB_ADDR	Physical Address of Lab	Max 120 chars
	Optional	LAB_ADDR2	Suite Number (if applicable)	Max 50 chars
	Required	LAB_STATE	State Abbreviation	2 chars
	Required	LAB_CITY	Full Name of City where Lab is Located	Max 50 chars
	Required	LAB_ZIP	Lab 5 Digit ZIP Code or ZIP	5 chars
	Required	LAB_PHONE	Lab 10 Digit Phone Number (no formatting)	10 chars
Patient Information	Required	PT_LASTNAME	Patient Last Name	Max 50 chars
	Required	PT_FIRSTNAME	Patient First Name	Max 50 chars
	Optional	PT_MIDDLEINITIAL	Patient Middle Initial (if applicable)	1 char
	Required	DOB	Patient Date of Birth in MM/DD/YYYY Format	MM/DD/YYYY
	Required	SEX	Indicate Sex of Patient	1 char
	Required	PT_ADDR	Patient Street Address	Max 50 chars
	Optional	PT_ADDR2	Apartment Number (if applicable)	Max 25 chars
	Optional	PT_COUNTRY	Country	Max 50 chars
	Required	PT_STATE	State Abbreviation	2 chars
	Required for PT_STATE = 'NV'	PT_COUNTY	Indicate county	Max 50 chars
	Required for PT_STATE = 'NV'	PT_CITY	Patient City	Max 50 chars
	Required for PT_STATE = 'NV'	PT_ZIP	5 Digit ZIP Code	5 chars
	Required	PT_PHONE	10 Digit Phone Number of Patient (no formatting)	10 chars

	Required	RACE	Indicate race of patient	
	Required	ETHNIC	Indicate ethnicity	
Guardian Information	Recommended	GLASTNAME	Guardian Last Name	Max 50 chars
	Recommended	GFIRSTNAME	Guardian First Name	Max 50 chars
	Recommended	GRELATIONSHIP	Guardian's Relationship to the Patient	Max 50 chars
	Recommended	GADDR	Street Address of Guardian	Max 50 chars
	Optional	GADDR2	Apartment Number (if applicable)	Max 25 chars
	Optional	GCOUNTRY	Indicate Country	
	Recommended	GSTATE	State Abbreviation	2 chars
	Recommended	GCITY	Guardian City	Max 50 chars
	Recommended	GZIP	5 Digit ZIP Code of Guardian Address	5 chars
	Recommended	GPHONE	10 Digit Phone Number of Guardian (no formatting)	10 chars
Blood Test Information	Required	SPEC_DT	Collection Date in MM/DD/YYYY format	MM/DD/YYYY
	Recommended	SPEC_ID	Specimen ID or patient medical record number	Max 50 chars
	Required	SAMPLE_TYPE	Specimen Type	
	Required	ANALYSIS_DATE	Date the blood sample was analyzed in MM/DD/YYYY format	MM/DD/YYYY
	Required	PB_RESULT	Blood lead value reported in µg/dL	Max 50 chars
	Required	FUND_SRCE	Indicate the funding source for blood test	Max 50 chars
	Required	HEALTHPLANNAME	Name of the insurance company	Max 50 chars
	Optional	MEDICAID_ID	Medicaid Insurance ID	
	Recommended	COMMENT	Additional comments about test, retesting	
Provider Information	Recommended	PROV_ID	Provider NPI number	Max 25 chars
	Required	PROV_FACILITY	Name of Provider Facility	Max 100 chars
	Required	PROV_FIRSTNAME	First Name of Ordering Provider	Max 50 chars

	Required	PROV_LASTNAME	Last Name of Ordering Provider	Max 50 chars
	Optional	PROV_MIDDLEINITIAL	Middle Initial of Ordering Provider	Max 50 chars
	Required	PROV_ADDR	Address of Ordering Provider	Max 50 chars
	Optional	PROV_ADDR2	Suite Number (if applicable)	Max 25 chars
	Required	PROV_STATE	State Abbreviation	2 chars
	Required	PROV_CITY	Ordering Provider City	Max 50 chars
	Required	PROV_ZIP	5 Digit ZIP Code	5 chars
	Required	PROV_PHONE	10 Digit Phone Number of Ordering Provider (no formatting)	10 chars
	Optional	PROV_FAXNUM	10 Digit Fax Number of Ordering Provider (no formatting)	10 chars
Patient Employer Information	Recommended	PT_OCCUPATION	Patient Occupation	Max 50 chars
	Recommended	PT_EMPLOYERNAME	Name of Patient Employer	Max 50 chars
	Recommended	PT_EMPLOYERADDR	Street Address of Patient Employer	Max 50 chars Max 25 chars
	Optional	PT_EMPLOYERADDR2	Suite Number (if applicable)	
	Recommended	PT_EMPLOYERSTATE	State Abbreviation	2 chars
	Recommended	PT_EMPLOYERCITY	Employer City	Max 50 chars
	Recommended	PT_EMPLOYERZIP	5 Digit ZIP code	5 chars
	Recommended	PT_EMPLOYERPHONE	10 Digit Phone Number of Employer (no formatting)	10 chars

Contact Information

If you have additional questions please feel free to contact Southern Nevada Health or the Nevada Childhood Lead Poisoning Prevention Program.

Southern Nevada Health District

Phone number: (702) 759-1300

Fax number: (702) 759-1414

Link to SNHD online disease reporting: <https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/>

Nevada Childhood Lead Poisoning Prevention Program

Phone number: 702-895-1040

Email address: nvclppp@unlv.edu