LEAD FREE NV

NvCLPPP

Nevada Childhood Lead Poisoning Prevention Program

Provider Guidance

For Testing, Reporting, and Managing Childhood Lead Exposure

Nevada Childhood Lead Poisoning Prevention Program (NvCLPPP), in partnership with all health districts in Nevada, aims to reduce the long-term health risk of childhood lead poisoning through improved methods of surveillance, education, and intervention. We hope providers use this resource as a guide to test children for lead, report results to local health authorities, and provide the necessary care and resources to children who have been exposed to lead.

Forms and Resources for Providers

Childhood Lead Risk Questionnaire
(English and Spanish versions available)

Nevada Confidential Morbidity Report Form

NvCLPPP Blood Lead Testing Plan

NvCLPPP Newsletter Sign-Up

Scientific Studies on Lead Exposure

Order Free Educational Materials for Your Office

NvCLPPP is part of the Nevada Institute for Children's Research and Policy at the UNLV School of Public Health.
Visit **nvclppp.org** | Email **nvclppp@unlv.edu** | Call **702-895-1040** (Southern Nevada) **775-453-0434** (Northern Nevada)

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Lead Overview

Exposure Effects and Need for Testing

Children are STILL exposed to lead.

The CDC has lowered the Blood Lead Reference Value (BLRV) to 3.5 µg/dL for lead exposure in children under six years old. However, studies show there is **no safe level of lead** in the body - even low blood lead levels (BLLs) can have adverse effects.[1]

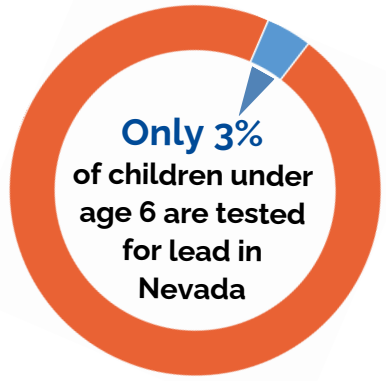
While lower levels of lead exposure present no observable symptoms, the effects of lead poisoning cause damage over time, especially in children. The greatest risk is to brain development, where irreversible damage may occur.[2]

Lead exposure may cause:

- Brain and nervous system damage
- Reduced IQ and learning disabilities
- Behavioral problems
- Slowed growth and development
- Hearing and speech developmental delays
- Premature birth and low birth weight

There is a significant need to increase blood lead testing.

- Per Medicaid and CHIP policies, all children who are covered by Medicaid and CHIP are required to receive a blood lead test at 12 and 24 months of age or at least once before age 6.
- There are currently over 218,000 children under 6 in Nevada but only 3% are tested for lead.
- Our communities are ethnically diverse and at risk to a variety of non-traditional lead sources.



See for yourself!

For the most up-to-date testing rates, data, and more, visit:
https://nvclppp.org/childhood-lead-poisoning-across-nevada/

1. Koller, K., Brown, T., Spurgeon, A., & Levy, L. (2004). Recent Developments in Low-Level Lead Exposure and Intellectual Impairment in Children. Environmental Health Perspectives, 112(9), 987-994. doi:10.1289/ehp.6941
2. Lanphear, B. P., Rauch, S., Auinger, P., Allen, R. W., & Hornung, R. W. (2018). Low-level lead exposure and mortality in US adults: A population-based cohort study. The Lancet Public Health, 3(4). doi:10.1016/s2468-2667(18)30025-2

Lead Sources in Nevada

It's More Than Just Paint

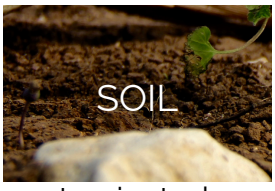
Federal, state, and local regulations have played a significant role in reducing childhood lead poisoning by regulating the use of lead in specific products. Nevertheless, the potential for childhood lead exposure remains. Common sources of lead, also known as **traditional sources**, include lead based paint, dust, and soil. Less common sources, also known as **non-traditional sources**, include consumer goods such as folk remedies, cosmetics, toys, and jewelry.

Traditional Lead Sources

built before the ban of lead-based paint

from deterioted lead-based paint and outside sources

produced before 1978 is likely to be lead-based



contaminated from deteriorating surfaces and manufacturing

primarily from corrosion of leaded pipes, faucets, or solder

Non-Traditional Lead Sources

Jewelry & Toys

Particularly those made cheaply or in other countries

Imported Food Products

Certain ethnic foods, candies, spices, and product packaging

Ceramic Dishware

May contain lead in the glaze, paint, or clay

Keys

Lead can be found in keys of all kinds: house keys, car keys, etc.

Mini-blinds

Certain non-glossy vinyl mini-blinds contain lead

Folk Medicines

Remedies such as greta, azarcon, bhasma, and others may contain lead

Cosmetics

Traditional makeups such as kohl, surma, and others contain high lead levels

CDC Case Definitions

For Lead in Blood

Laboratory Criteria

A blood lead test is the only acceptable laboratory method for confirming lead exposure. The table below summarizes the CDC laboratory criteria for confirmatory and supportive laboratory evidence for lead exposure in children.

Specimen	BLRV	Criteria	Type of Evidence
Venous	3.5 µg/dL	A single venous sample tested by GFAAS or ICP/MS that is at or above the reference value	Confirmatory
Capillary	3.5 µg/dL	Two capillary samples at or above the reference value collected within 12 weeks of each other	Confirmatory and Supportive
Capillary	3.5 µg/dL	A single capillary sample at or above the reference value in a child under 16 years of age	Supportive

Confirmed cases meet the confirmatory laboratory evidence. Suspected cases meet the supportive laboratory evidence.

Criteria to Distinguish a New Case

Children who meet the confirmed case classification criteria should be counted as a case only once annually. To distinguish a new case from an existing case, the following should be applied

- A confirmed case based on a venous test should be enumerated as a new case if the case was not enumerated as a confirmed case in the previous calendar year.

OR

- A confirmed case based on two capillary tests within 12 weeks of each other should be enumerated as a new case if the case was not enumerated as a confirmed case in the previous calendar year.

For further information, visit ndc.services.cdc.gov/case-definitions/lead-in-blood/

Responding to Lead in Children

CDC Recommended Actions

Test Results (µg/dL)	Venous Confirmation Retest Within	Recommended Actions Based on BLL	Venous Retest - After Recommended Actions
<3.5	None	• Education on the sources and prevention of lead exposure • Routine assessment focusing on iron and calcium intake • Follow-up blood lead monitoring at recommended intervals	Retest according to AAP Bright Futures Periodicity Schedule
3.5-9	3 months	Above actions, plus: • Environmental exposure history to identify potential lead sources • Refer to health department for environmental investigation of home • Lab work: iron status, hemoglobin, hematocrit • Discuss child's diet and nutrition with focus on calcium and iron and refer to supportive services if needed (WIC) • Developmental monitoring and referral to support services if needed	3 months for first 2-4 tests 6-9 months after BLLs are declining
10-19	1 month		1-3 months for first 2-4 tests 3-6 months after BLLs are declining
20-44	Within 2 weeks	Above actions, plus: • Complete history and physical exam • Environmental investigation of home and refer for lead hazard reduction program • Consider abdominal x-ray (if lead ingestion is suspected) • Contact **Pediatric Environmental Health Specialty Unit** or **Nevada Poison Center** for guidance	2 weeks-1 month for first 2-4 tests 1-3 months after BLLs are declining
≥45	ASAP Within 48 hours	Above actions, plus: • Complete history and physical exam with detailed neurological exam • Perform abdominal X-ray and, if needed, bowel decontamination • Consider hospitalization if lead-safe environment cannot be assured, or source of lead has not been identified and further exposure is possible • Commence gastrointestinal decontamination or chelation therapy with consultation from medical toxicologist or pediatrician experienced in lead poisoning	ASAP or medically indicated

For further information, visit CDC.gov/nceh/lead/acclpp/actions_blls.html

Resources for Families

Of Children with BLLs above the CDC's BLRV

Nevada Early Intervention Services (NEIS)

For children up to the age of 3, NEIS will advise parents about developmental concerns, meet with families to develop educational strategies, and offer services based on a developmental evaluation. NEIS offers evaluations from pediatricians, audiologists, and a metabolic clinic and provides resources for genetic counseling, nutrition, and more.

dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/

Carson City	**775-687-0101**	**Elko**	**775-753-1214**
Clark County	**702-486-7670**	**Washoe County**	**775-688-1341**

Child Find Department

A department of the Clark County School District, Child Find evaluates children aged 3 and older who have never been enrolled in a Clark County school for developmental delays and disabilities. Child Find can then refer children to special education programs with plans specifically tailored to their needs. Child Find also connects families to other community services as needed.

Carson City	**carsoncityschools.com**	**775-283-2350**
Clark County	**ssd.ccsd.net/child-find-department**	**702-799-7463**
Elko	**ecsdnv.net/Special-Services**	**775-738-5196**
Washoe County	**washoeschools.net/domain/657**	**775-327-0685 (ext #2)**

Women, Infants, and Children (WIC) of the Nevada State Division of Public and Behavioral Health

WIC may offer the services of registered dietitians who provide families with nutritional counseling. WIC also connects families in need with available services in the community. WIC services require income-based qualification.

NevadaWIC.org **1-800-8-NEV-WIC (1-800-863-8942)**

Testing and Reporting Requirements

Per NRS 442.700

In Nevada, childhood blood lead testing and reporting laws are defined by NRS 442.700. In summary, NRS 442.700 encourages the following:

1. Each provider of health care or other services who:
    a. Is qualified to conduct a blood lead test is encouraged to perform, or cause to be performed, a test when a child reaches **12 and 24 months** of age, or at least once before the child reaches **6 years** of age
    b. Provides early and periodic screening, diagnostic and treatment services to children is encouraged to conduct a blood lead test in accordance with the guidelines of the Centers for Medicare and Medicaid Services
2. Any blood lead test performed using a capillary sample that results in a blood lead level greater than the reference value should be confirmed by a follow-up venous blood lead test
3. All blood lead tests, regardless of results, should be reported to the appropriate health authority. The report **must** include:
    a. The name, sex, race, ethnicity and date of birth of the child
    b. The address of the child, including the county and zip code
    c. The date on which the sample was collected
    d. The type of sample that was collected
    e. The name and contact information of the ordering provider

Scan the QR code to access the complete NRS 442.700

1. NRS 442.700 Screening for Amount of Lead in Blood of Children. leg.state.nv.us/nrs/nrs-442.html#NRS442Sec700

Nevada Health Authorities

Contact Information

Providers are required to report ALL blood lead test results to their corresponding health authority. Electronic reporting is preferred if the option is available. If electronic reporting is not available, fax the Morbidity Report Form to your health authority. Please verify the latest reporting procedures with your local health authority.

Southern Nevada Health District (Clark)

Electronic Reporting Form (Preferred): https://tinyurl.com/SNHDReportForm
Fax: 702-759-1414
24-Hour Phone: 702-759-1300
Website: snhd.info

Northern Nevada Public Health (Washoe)

Fax: 775-328-3764
24-Hour Phone: 775-328-2447
Website: nnph.org

Carson City Health and Human Services (Carson City, Douglas, Lyon)

Fax: 775-887-2138
Phone: 775-887-2190
Website: gethealthycarsoncity.org

Central Nevada Public Health (Churchill, Eureka, Mineral, Pershing)

Fax: 775-867-2697
Phone: 775-867-8181
Website: centralnevadahd.org

NV Department of Health and Human Services (All other counties)

Fax: 775-684-5999
24-Hour Phone: 775-684-5911
Website: dpbh.nv.gov

Lead Testing Quick Guide

With LeadCare® II Analyzers

Collecting Capillary Specimens for Lead

Supplies Needed for Testing

- [ ] **LeadCare® II Test Kit**
- [ ] **Sterile Lancet**
- [ ] **Alcohol Wipe**
- [ ] **Gauze pads**
- [ ] **Bio-hazard container**
- [ ] **Disposable gloves**
- [ ] **Lab coat & safety glasses**
- [ ] **Band-aids®**
- [ ] **Absorbent cover for supplies to be placed on**
- [ ] **Soap & water to clean collection site**
- [ ] **Neutralizing Solution**
  (7.5% Sodium Bicarbonate $NaHCO_3$)

Calibrating

Calibrate your analyzer to the lot number in use per manufacturer instructions

Calibrate with key and button:

- The first time you use the analyzer
- Each time you use a new test kit
- When the analyzer displays a recalibration message

Collecting Capillary Specimens for Lead

Personal, Patient, and Area Prep

1. Designate a clean work area dedicated to blood lead testing.
2. Insure supplies to be used, and packaging, are lead-free. (i.e. alcohol swabs, gauze pads, paper towels, disposable gloves)
3. Handwashing is required. Alcohol swabs do not remove lead.
4. If sink is not available, soap and water solution dispensed from a goose-neck squirt bottle, may be used to thoroughly rinse designated finger.

Testing

1. Scrub area to be punctured with soap & water. If water is not available, thoroughly rinse designated finger with soap and water solution dispensed from a goose-neck squirt bottle. (Note: Alcohol swabs do not remove lead.)
2. Clean area to be punctured with the alcohol pad & dry with gauze pad.
3. Using a lancet, puncture the finger pad to the side of the center.
4. Wipe away the first drop of blood.
5. Hold the heparinized capillary tube almost horizontally, with the green band on top, fill to the 50 µL black line. Filling stops when the blood reaches the black line.
6. Remove the excess blood from the outside of the tube with a clean gauze pad. Use a downward motion to wipe excess blood from the capillary tube.
7. Dispense blood sample into treatment reagent vial. Invert the treatment reagent/blood mixture 8-10 times to mix the blood.
8. Insert a sensor into the LeadCare® II analyzer until it beeps. Use transfer dropper to deposit sample onto the "X". The test will automatically begin. After 3 minutes, the analyzer will beep again to indicate the test is done. Record the result on the display window.
9. Report all results. "Low" in the display window indicates a result less than 3.3 µg/dL and must be reported as "less than (<) 3.3 µg/dL".

Disposal

1. Use an estimated four drops (40µL ea.) of 7.5% sodium bicarbonate ($NaHCO_3$) neutralizing solution, to neutralize remaining contents in reagent vial to a pH between 2.0 - 12.5.
2. Dispose this along with other materials in biohazard container.

Thank you to New Hampshire's Healthy Homes and Lead Poisoning Prevention Program for use of their guide

Lead Testing Quick Guide

With LeadCare® II Analyzers

Troubleshooting for LeadCare® II Analyzers

Common issues, retesting, and information on venous confirmations

Child less than 1 year old

- Do a heel puncture. If difficulty arises with obtaining a specimen from the heel, use the large toe.

Child less than 1 year old

- Please refer to the Troubleshooting section of your LeadCare®II User's Guide.
- Elevated results may result from sample contaminated with lead from skin's surface. Proper handwashing with soap and water is critical first step during the collection procedure.
- Result of 45 or greater (including HIGH result on analyzer)
  ➡ **Wash hands again** with soap and water.
  ➡ **Re-test** with a new, second specimen.
- Specimen may have had clotted blood.
- The analyzer has been transported and has not warmed up to room temperature.
- Mix blood with treatment reagent immediately, and run test within 48 hours, or refrigerate for up to 7 days.

Any result equal to or exceeding 3.5 µg/dL or uncertainty in validity of the test

- Refer patient for **confirmatory venous testing**

If receiving a continuous error message

- Contact LeadCare®II Analyzer ProductSupport at 1-800-275-0102

Things to Remember

- Run Controls according to manufacturer instructions.
- The accuracy of the test depends on ***handwashing prior*** to sample collection and filling the capillary tube properly.

LEAD FREE NV NvCLPPP
Nevada Childhood Lead Poisoning Prevention Program

NVCLPPP.ORG

Thank you to New Hampshire's Healthy Homes and Lead Poisoning Prevention Program for use of their guide

NvCLPPP Childhood Lead Poisoning Risk Questionnaire

The CLPRQ should be completed during a health care visit for children under 6 years of age.

A blood lead test should be performed according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary.

Child's name: _____ Today's date: _____

Age: _____ Birthdate: _____ Zip Code: _____

Respond to the following questions by circling the appropriate answer.	**RESPONSE**		
1. Is this child eligible for or enrolled in Medicaid, Head Start, or WIC?	Yes	No	Don't Know
2. Does this child have a sibling with a blood lead level of 3.5 µg/dL or higher?	Yes	No	Don't Know
3. Does this child live in or regularly visit a home built before 1978?	Yes	No	Don't Know
4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	Yes	No	Don't Know
5. Is this child a refugee or an adoptee from any foreign country?	Yes	No	Don't Know
6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	Yes	No	Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes	No	Don't Know
8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes	No	Don't Know
9. Does this child reside in a high-risk zip code? (see next page for list)	Yes	No	Don't Know

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If there is any **"Yes"** or **"Don't Know"** response a blood lead test is not needed if both of the following apply:

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 3.5 mcg/dL (with one test at age 2 or older), **and**
- there has been no change in the child's living conditions

Test 1: Blood Lead Result: _____µg/dL Date: _____ Test 2: Blood Lead Result: _____µg/dL Date: _____

If responses to all the questions are "No":

- Re-evaluate according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary

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Refer to the **2023 NvCLPPP Blood Lead Testing Plan** (BLTP) for special considerations about testing children with developmental/intellectual disabilities who may be at increased risk for lead exposure. The BLTP can be found on the NvCLPPP website: **nvclppp.org**

Encuesta de NvCLPPP sobre el envenenamiento por plomo en los niños

Esta encuesta debe completarse durante la visita del cuidado de la salud de los menores de 6 años.

Se debe llevar a cabo un examen de plomo en la sangre según el programa de periodicidad de la AAP, o antes si se considerase necesario.

Nombre del niño(a) _____ Fecha de hoy: _____

Edad: _____ Fecha de nacimiento: _____ Código postal: _____

Responda a las preguntas dibujando un círculo en la respuesta apropiada.	**RESPONSE**		
1. ¿El niño(a) tiene derecho a o está matriculado en Medicaid, Head Start, or WIC?	Sí	No	No lo sé
2. Tiene el niño(a) un hermano(a) con un nivel sanguíneo de 3.5 µg/dL o más?	Sí	No	No lo sé
3. ¿Vive el niño(a), o visita regularmente una casa que se haya construido antes de 1978?	Sí	No	No lo sé
4. ¿Durante el último año, ha estado expuesto el niño(a) a reparaciones, pintura o renovaciones en la casa construida en 1978?	Sí	No	No lo sé
5. ¿Es el niño(a) un refugiado o ha sido adoptado de un país extranjero?	Sí	No	No lo sé
6. ¿Ha viajado el niño(a) alguna vez a México, América Central o Sudamérica, los países asiáticos (por ejemplo, China o India) o cualquier otro país donde pueda haber estado expuesto al plomo en ciertos artículos (por ejemplo, los cosméticos, remedios o botiquines caseros, o cerámica esmaltada)?	Sí	No	No lo sé
7. ¿Vive el niño(a) con alguna persona que tenga un empleo o una afición que pueda tener contenido de plomo (por ejemplo, joyería, renovación o reparación de edificios, construcción de puentes, plomería, terminado de muebles, o trabajo con baterías o radiadores de automóviles, soldadura con plomo, cristal emplomado, munición de plomo o plomadas de pesca)?	Sí	No	No lo sé
8. ¿Ha vivido alguna vez el niño(a) cerca de una fábrica donde se utiliza plomo (por ejemplo, una fundición de plomo o una fábrica de pinturas)?	Sí	No	No lo sé
9. ¿Vive el niño(a) en un código postal de alto riesgo? (refiérase a la siguiente página para ver la lista)	Sí	No	No lo sé

Si cualquiera de sus respuestas fue **"Sí"** o **"No lo sé"** no es necesario llevar a cabo una prueba de sangre si se aplica cualquier de los dos casos siguientes:

- se puede comprobar que el niño(a) tiene dos exámenes de plomo en la sangr consecutivos (documentados abajo), cuyos resultados hayan sido inferiores a 3.5 mcg/dL (al menos uno a los 2 años o mayor), **y**
- que no han habido cambios en las condiciones en que vive el niño

Examen1: Resultado:_____µg/dL Fecha_____ Examen 2: Resultado:_____µg/dL Fecha:_____

Si las respuestas a todas las preguntas fueron "No":

- Reevalúe según el programa de periodicidad de la AAP, antes si se considerase necesario.

Refiérase al **Plan de 2023 de NvCLPPP** de exámenes para identificar el contenido de plomo en la sangre (BLTP por sus siglas en inglés) respecto a las consideraciones especiales para llevar a cabo exámenes para niños(as) con discapacidades mentales o intelectuales que pueden hallarse en alto riesgo de envenenamiento por plomo. El BLTP se puede encontrar en el sitio web de NvCLPPP: **nvclppp.org**

High-Risk Zip Codes

Nevada Lead Exposure Risk Index

Carson City
89701
89706

Esmeralda County
No target zip codes in this county

Mineral County
89427

Churchill County
No target zip codes in this county

Eureka County
No target zip codes in this county

Nye County
89020

Clark County
89014; 89030
89031; 89032
89054; 89081
89084; 89086
89101; 89102
89103; 89104
89106; 89107
89108; 89110
89113; 89115
89119; 89120
89122; 89128
89129; 89130
89139; 89141
89142; 89143
89146; 89147
89148; 89156
89166; 89178
89179; 89183

Humboldt County
No target zip codes in this county

Pershing County
No target zip codes in this county

Lander County
No target zip codes in this county

Storey County
No target zip codes in this county

Douglas County
89705

Lincoln County
No target zip codes in this county

Washoe County
89431
89433
89502
89506
89508
89512
89523

Elko County
89883

Lyon County
89408
89447

White Pine County
89314

State of Nevada
Confidential Morbidity Report Form

Nevada Department of Health and Human Services | Carson City Health & Human Services | Southern Nevada Health District | Washoe County Health District – Enhancing Quality of Life

Source

Provider Name	Provider Telephone #		Report Date
Facility/Organization (Name and Address)			☐ Check if completed by the Local Health Department
Person Reporting	Reporter Phone	Reporter Fax	Reporter Job Title

Facility Type

Inpatient:	Outpatient:	Screening Diagnostic Referral Agency:	Other Facility:
Hospital	Private Office ☐ Adult HIV Clinic	CTS STD Clinic	Emergency Room ☐ Laboratory
Other_____	Other_____	Other_____	☐ Corrections ☐ Other_____

Patient Demographic Data

Patient Name (Last)	(First) (MI)	Date of Birth	Age	Sex assigned at birth: Female Male
Patient Address	(City)	(State)	(Zip)	Current Gender: Female / M to F Transgender / ☐ Male / F to M Transgender / ☐Unknown / Refused to answer / ☐ Additional gender identity (specify)_
County of Residence	Home Phone	Cell Phone		

Pregnant: No Yes	Prenatal Care: No Yes	Pregnancy EDC	Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown; Expanded Ethnicity_____

Parent or Guardian Name	Birth Country and Arrival Date	Primary Language Spoken	Race(s): ☐ White ☐ Black: ☐ Asian ☐ American Indian Pacific Islander Other ☐ Unknown; Expanded race: _____
Social Security Number	Occupation / Employer / School	Medical Records Number	

Incarcerated: No Yes	Marital Status: Single ☐ Married Widowed Separated Divorced Unknown

Sexual Orientation: Straight or Heterosexual ☐ Lesbian or Gay Bisexual Queer Pansexual Decline to answer
Other, specify:

Morbidity Data

Disease or Condition (*Lead poisoning*)	Date of Onset (*If no symptoms, date of capillary test*)	Patient Notified of This Condition: Yes No	Pertinent Clinical Information/Comments
			• *Date on which the sample was collected* • *Type of sample (venous or capillary)* • *BLL result* • *Indicate if sample was analyzed using a LeadCare II device*

Patient Hospitalized: Yes No; Admit Date; Hospital:	Patient Died of This Illness: Yes No Date:

Condition Acquired in Nevada: Yes No Unknown; If no, Interstate International	Diagnosis Date	Discharge Date	Symptoms/Suspected Source

Was laboratory testing ordered? *If yes, attach the results or provide the laboratory name if the results are unavailable*	No ☐ Yes	Was the patient treated? *If yes, provide the treatment details (drug name, dosage, duration, dates etc.)*	No Yes

Hepatitis Laboratory Results

	POS	NEG	Date
HAV Antibody Total			_____
HAV Antibody IgM	☐	☐	_____
HBV Surface Antigen	☐	☐	_____
HBV e Antigen	☐	☐	_____
HBV Core Antibody Total	☐	☐	_____
HBV core Antibody IgM	☐	☐	_____
HBV Surface Antibody	☐	☐	_____

	POS	NEG	Date
HBV DNA			_____
HCV Antibody RIBA	☐	☐	_____
HCV RNA (e.g. by PCR)	☐	☐	_____
HCV Antibody (ELISA)	☐	☐	_____
HCV Antibody (Rapid)	☐	☐	_____
HDV Antibody	☐	☐	_____
HDV Rapid	☐	☐	_____

	Date / Range
HCV Genotype	_____
ALT (SGPT) Level	_____
Alt-Lab Normal Range	_____
AST (SGOT) Level	_____
AST-Lab Normal Range	_____
Name of Lab	

Patient Name (Last) (First) MI)

Initial Diagnostic HIV Tests

Has this patient been informed of his/her HIV infection? Yes No Unknown

The patient's partners will be notified about their HIV exposure and counseled by:
Health Dept. Physician/provider Patient Unknown

TEST 1 HIV-1 IA HIV-1/2 IA HIV-1/2 Ag/Ab HIV-1 WB HIV-1 IFA HIV-2 IA HIV-2 WB

Test Brand Name/Manufacturer: _____ Point of care rapid test

Results Positive Negative ndeterminate Collection Date: _

TEST 2 HIV-1 IA HIV-1/2 IA HIV-1/2 Ag/Ab HIV-1 WB HIV-1 IFA HIV-2 IA HIV-2 WB

Test Brand Name/Manufacturer: _ Point of care rapid test

Results Positive Negative Indeterminate Collection Date: _

Evidence of receipt of HIV medical care other than laboratory test results
☐Yes, documented
☐ Yes, client self-report, only
☐ Date of medical visit or prescription

HIV Type Diff

HIV-1-2 Ag/Ab type-differentiating immunoassay (differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)

Analyte results:				Date:
	HIV-1 Ag: Reactive	Nonreactive	Not reportable due to high Ab level	
	HIV-1 Ab: Reactive	Nonreactive	Undifferentiated/Indeterminate	
	HIV-2 Ab: Reactive	Nonreactive	Undifferentiated/Indeterminate	

HIV Viral Load HIV Genotype

Qualitative
Results Positive Negative Indeterminate
Collection Date: _

Quantitative
Results Detectable Undetectable
Copies/mL: _____
Collection Date:

HIV Genotype (Resistance) Collection Date: Interpretation: _____

Risk Exposure (select all that apply)
Complete for HIV/AIDS or STI
Sex with Male
☐ Sex with Female
☐ Inject(ed) non-prescription drugs
☐ Sex Partner has HIV or AIDS
☐ Sex Partner Injects Drugs
☐ Sex Partner is Male that has Sex with Males
☐ Injection Drug Use
☐ Perinatal Exposure of Newborn
☐ Other Exposure (specify)
_____

Sexually Transmitted Infection (STI)

Syphilis Stage	Syphilis Symptoms	Gonorrhea Specimen Site	Chlamydia Site(s)	STI Treatment
☐ Primary	Chancre	Cervical	Cervical	Azithromycin 1g
☐ Secondary	Palmar/Plantar Rash	Urethral	☐ Urethral	☐L-A Bicillin 2.4 mu IM
☐ Early Latent (<1 yr)	Condylomata Lata	Rectal	Rectal	x #_ (doses)
☐ Latent	Neurologic	Pharyngeal	Pharyngeal	No Treatment Given
☐ Congenital	Other (specify)	Ophthalmia Neonatorum	PID	☐Ceftriaxone/Rocephin 500mg IM
☐ Unknown	_____	☐ PID	Other (specify)	☐ Doxy 100 Mg BID
		☐ Other (specify) _____	_____	x #_____Days
				Other:_____

Specify STI Lab Test (e.g. RPR Titer, FTA-TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL-CSF)

Date	Test	Result

Did you provide treatment for any of this patient's partners? (Check all that apply)

Yes, I saw the sex partner(s) in my office Yes, I gave medication for___ (#) partners Yes, I wrote a prescription for __ (#) partner(s)

Partner Name_____ DOB_____

TB Disease and LTBI .

Tuberculosis Disease (suspected or confirmed) ☐ TB Disease Site:
☐ Latent TB Infection (LTBI) _____

Chest X-ray/Imaging: (include last report)
Abnormal ormal Date: _____

Symptoms Cough > 3 weeks Hemoptysis Fever Weight loss Fatigue Abnormal Chest X-ray

Laboratory Results (include a copy of laboratory testing)

		POS	NEG	Date
TB Test, IGRA		_____	_____	_____
TB Test, TST: _	mm	_____	_____	_____

If *Not* Sputum, indicate source:_

	POS	NEG	Date
AFB Smear	_____	_____	_____
NAAT	_____	_____	_____
Culture	_____	_____	_____

Treatment (include drug(s)/dose(s))
No treatment started
LTBI treatment,
Date started
TB Disease treatment,
Date started

COVID-19

COVID-19 lab test type: PCR Antigen ☐ Antibody

COVID Vaccine Yes No

Vaccine Brand Name:

First Vaccine Date:
Second Vaccine Date (if applicable):

Fax completed forms to:

Carson City, Lyon, Douglas: (775) 887-2138
Washoe County: (775) 328-3764
All Other Areas: (775) 684-5999

Clark County: HIV (702) 759-1454
TB (702) 759-1435
General (and COVID) (702) 759-1414

Updated September 2022