

CASE REPORT FORM

Lead Absorption

Lead absorption _____	EpiSurv No. _____
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Reporting Authority	
Name of Public Health Officer responsible for case _____	
Notifier Identification	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source _____ Organisation _____	
Date reported* _____ Contact phone _____	
Usual GP _____ Practice _____ GP phone _____	
GP/Practice address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Case Identification	
Name of case* Surname _____ Given Name(s) _____	
NHI number* _____ Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Phone (home) _____ Phone (work) _____ Phone (other) _____	
Case Demography	
Location TA* _____ DHB* _____	
Date of birth* _____ OR Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* _____	
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Ethnic group case belongs to* (tick all that apply) <input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) _____	

Lead absorption	EpiSurv No. _____
Basis of Diagnosis	
LABORATORY CRITERIA	
Whole blood lead concentration: * _____ $\mu\text{mol/l}$ or _____ $\mu\text{g/dl}$	
Type of specimen*	<input type="radio"/> Capillary <input type="radio"/> Venous <input type="radio"/> Unknown
Date specimen collected*	_____
Reason for specimen*	<input type="radio"/> Symptoms present <input type="radio"/> Paint removal <input type="radio"/> Routine screening <input type="radio"/> Other (specify)* _____ <input type="radio"/> Unknown
STATUS* <input type="radio"/> Under investigation <input type="radio"/> Confirmed <input type="radio"/> Not a case	
ADDITIONAL LABORATORY DETAILS	
Other laboratory details (e.g. environmental sampling)	
Clinical Course and Outcome	
Date of onset* _____	<input type="checkbox"/> Approximate <input type="checkbox"/> Unknown
Hospitalised* <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* _____	<input type="checkbox"/> Unknown
Hospital* _____	
Died* <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date died* _____	<input type="checkbox"/> Unknown
Was this disease the primary cause of death?* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If no, specify the primary cause of death* _____	
Outbreak Details	
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*	
<input type="checkbox"/> Yes If yes, specify Outbreak No.* _____	
Risk Factors	
Lives in or regularly visits a building built pre-70s*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify type of building* _____	
If yes, building has paint chalking/flaking*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, old paint is being, or has recently been stripped*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, building is undergoing, or has recently undergone alterations or refurbishment*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Case plays in soil containing paint debris*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Case ingests substances such as soil, dirt etc (pica)*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Case has an occupation which involves exposure to lead*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Close contact of case (e.g. caregiver) has an occupation which involves exposure to lead*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify occupation* _____	
If yes, specify relationship to case* _____	

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Risk Factors continued	
Case or close contact of case has a hobby which involves exposure to lead* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify hobby* _____ If yes, specify relationship to case* _____	
Case lives near an industry that is likely to release lead (e.g. battery plant, lead smelter, manufacturing plant where lead may be used)* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify* _____	
Other risk factors (specify)* _____	
Probable source of exposure* _____	
Management	
CASE MANAGEMENT	
Was the source identified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, what measures were taken to remove the source from the case or the case from the source? _____	
Was the case referred to a specialist? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Comments*	