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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Date of birth __/__/____ (mm/dd/yyyy)  
Sex:  
- Female  
- Male  
- Transgender  

Pregnant:  
- No  
- Yes; # of weeks ________  
- Unknown  

Race:  
- White  
- Asian  
- Non-Hispanic  
- Unknown  
- Black  
- Unknown  
- Unknown  
- Alaska Native/American Indian  
- Other ________  
- Unknown  
- Native Hawaiian/Pacific Islander  

Ethnicity:  
- Hispanic  
- Non-Hispanic  
- Unknown  

Physical Address ________________________________________________  
PO Box ____________  
City ___________________________  
State _______  
Zip Code ____________  
Phones (home) ___________________________  
(cell) ___________________________  
(work) ___________________________

### Heavy Metal and Toxic Exposure Information

<table>
<thead>
<tr>
<th>METAL</th>
<th>SPECIMEN</th>
<th>SPECIMEN COLLECTION DATE</th>
<th>TEST RESULT</th>
<th>NOTE SPECIES IF APPLICABLE (e.g. organic/inorganic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARSENIC</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CADMIUM</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COBALT</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAD</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERCURY</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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