

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* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ 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 _____ ☐ GeoCode _____	
Case Identification	
Name of case* Surname _____ Given Name(s) _____	
NHI number* _____ Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____	
Phone (home) _____ Phone (work) _____ Phone (other) _____	
Case Demography	
Location TA* _____ DHB* _____	
Date of birth* _____ OR Age _____ ☐ Days ☐ Months ☐ Years	
Sex* ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown	
Occupation* _____	
Occupation location ☐ Place of Work ☐ School ☐ Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____	
Alternative location ☐ Place of Work ☐ School ☐ Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____	
Ethnic group case belongs to* (tick all that apply) ☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori ☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____	

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Basis of Diagnosis			
LABORATORY CRITERIA			
Whole blood lead concentration: * _____ $\mu\text{mol/l}$ or _____ $\mu\text{g/dl}$			
Type of specimen*	☐ Capillary ☐ Venous ☐ Unknown		
Date specimen collected* _____			
Reason for specimen*	☐ Symptoms present ☐ Paint removal ☐ Routine screening ☐ Other (specify)* _____ ☐ Unknown		
STATUS* ☐ Under investigation ☐ Confirmed ☐ Not a case			
ADDITIONAL LABORATORY DETAILS			
Other laboratory details (e.g. environmental sampling)			
Clinical Course and Outcome			
Date of onset* _____	☐ Approximate		☐ Unknown
Hospitalised*	☐ Yes ☐ No		☐ Unknown
Date hospitalised* _____	☐ Unknown		
Hospital* _____			
Died *	☐ Yes ☐ No		☐ Unknown
Date died* _____	☐ Unknown		
Was this disease the primary cause of death?* ☐ Yes ☐ No ☐ 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)?*			
☐ Yes If yes, specify Outbreak No.* _____			
Risk Factors			
Lives in or regularly visits a building built pre-70s* ☐ Yes ☐ No ☐ Unknown			
If yes, specify type of building* _____			
If yes, building has paint chalking/flaking* ☐ Yes ☐ No ☐ Unknown			
If yes, old paint is being, or has recently been stripped* ☐ Yes ☐ No ☐ Unknown			
If yes, building is undergoing, or has recently undergone alterations or refurbishment* ☐ Yes ☐ No ☐ Unknown			
Case plays in soil containing paint debris* ☐ Yes ☐ No ☐ Unknown			
Case ingests substances such as soil, dirt etc (pica) * ☐ Yes ☐ No ☐ Unknown			
Case has an occupation which involves exposure to lead* ☐ Yes ☐ No ☐ Unknown			
Close contact of case (e.g. caregiver) has an occupation which involves exposure to lead* ☐ Yes ☐ No ☐ 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* ☐ Yes ☐ No ☐ 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)* ☐ Yes ☐ No ☐ Unknown	
If yes, specify* _____	
Other risk factors (specify)* _____	
Probable source of exposure* _____	
Management	
CASE MANAGEMENT	
Was the source identified? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ Unknown	
Comments*	