

CASE REPORT FORM

Lead Absorption

Lead absorption _____	EpiSurv No. EpiSurvNumber _____
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Reporting Authority			
Name of Public Health Officer responsible for case OfficerName _____			
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source ReportName _____		Organisation ReportOrganisation _____	
Date reported* ReportDate _____		Contact phone ReportPhone _____	
Usual GP UsualGP _____		Practice GPPracticeName _____	
GP/Practice address		GP phone GPPhone _____	
Number houzenumber _____	Street streetname _____	Suburb suburb _____	
Town/City towncity _____	Post Code postcode _____	☐ GeoCode geocode _____ addressmatchaccuracy _____	
Case Identification			
Name of case* Surname Surname _____		Given Name(s) GivenName _____	
NHI number* NHINumber _____		Email Email _____	
Current address* Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Phone (home) PhoneHome _____		Phone (work) PhoneWork _____	
		Phone (other) PhoneOther _____	
Case Demography			
Location TA* TA _____		DHB* DHB _____	
Date of birth* DateOfBirth _____ OR Age Age _____ ☐ Days ☐ Months ☐ Years AgeUnits			
Sex* Sex ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* Occupation _____			
Occupation location occupation_place_type _____		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name _____			
Address Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Alternative location occupation_place_type _____		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name _____			
Address Number houzenumber _____		Suburb suburb _____	
Town/City towncity _____		Post Code postcode _____	
		☐ GeoCode geocode _____ addressmatchaccuracy _____	
Ethnic group case belongs to* (tick all that apply)			
☐ NZ European EthNZEuropan ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori			
☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan			
☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 _____ EthSpecify2 _____			

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Basis of Diagnosis			
LABORATORY CRITERIA			
Whole blood lead concentration: *		BloodMol _____ $\mu\text{mol/l}$	or BloodGdl _____ $\mu\text{g/dl}$
Type of specimen* TypeSpec	☐ Capillary	☐ Venous	☐ Unknown
Date specimen collected* DateSpec	_____		
Reason for specimen* ReaSpec	☐ Symptoms present	☐ Paint removal	☐ Routine screening
☐ Other (specify)*	ReaSpecOth _____		
☐ Unknown			
STATUS* Status ☐ Under investigation ☐ Confirmed ☐ Not a case			
ADDITIONAL LABORATORY DETAILS			
Other laboratory details (e.g. environmental sampling)			
AddLab			
Clinical Course and Outcome			
Date of onset* OnsetDt	_____	☐ Approximate	☐ Unknown
Hospitalised* Hosp	☐ Yes	☐ No	☐ Unknown
Date hospitalised* HospDt	_____	☐ Unknown	HospDtUnknown
Hospital* HospName	_____		
Died* Died	☐ Yes	☐ No	☐ Unknown
Date died* DiedDt	_____	☐ Unknown	DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary ☐ Yes ☐ No ☐ Unknown			
If no, specify the primary cause of death* DiedOther			

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 Outbrk If yes, specify Outbreak No. * OutbrkNo _____			
Risk Factors			
Lives in or regularly visits a building built pre-70s* Pre70		☐ Yes	☐ No
If yes, specify type of building* Pre70Type		_____	
If yes, building has paint chalking/flaking* Pre70Paint		☐ Yes	☐ No
If yes, old paint is being, or has recently been stripped* Pre70Strip		☐ Yes	☐ No
If yes, building is undergoing, or has recently undergone alterations or refurbishment* Pre70Alt		☐ Yes	☐ No
Case plays in soil containing paint debris* PlaySoil		☐ Yes	☐ No
Case ingests substances such as soil, dirt etc (pica)* PICA		☐ Yes	☐ No
Case has an occupation which involves exposure to lead* CaseOccExpo		☐ Yes	☐ No
Close contact of case (e.g. caregiver) has an occupation which involves exposure to lead* ContOccExpo		☐ Yes	☐ No
If yes, specify occupation* SpecOcc		_____	
If yes, specify relationship to case* SpecRela		_____	

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Risk Factors continued	
Case or close contact of case has a hobby which involves exposure to lead* Hobby ☐ Yes ☐ No ☐ Unknown	
If yes, specify hobby* HobSpec _____ If yes, specify relationship to case* HobRela _____	
Case lives near an industry that is likely to release lead (e.g. battery plant, lead smelter, manufacturing plant where lead may be used)* LivIndust ☐ Yes ☐ No ☐ Unknown	
If yes, specify* LivIndSpec _____	
Other risk factors (specify)* OthRisSpec _____	
Probable source of exposure* SourExp _____	
Management	
CASE MANAGEMENT	
Was the source identified? SourId ☐ Yes ☐ No ☐ Unknown	
If yes, what measures were taken to remove the source from the case or the case from the source? WhatMeas	
Was the case referred to a specialist? SpecTreat ☐ Yes ☐ No ☐ Unknown	
Comments*	
Comments	