

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* ReportSrc <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 ReportName _____ Organisation ReportOrganisation _____	
Date reported* ReportDate _____ Contact phone ReportPhone _____	
Usual GP UsualGP _____ Practice GPPracticeName _____ GP phone GPPhone _____	
GP/Practice address Number housetnumber Street streetname Suburb suburb Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Case Identification	
Name of case* Surname Surname _____ Given Name(s) GivenName _____	
NHI number* NHINumber _____ Email Email _____	
Current address* Number housetnumber Street streetname Suburb suburb Town/City towncity Post Code postcode <input type="checkbox"/> 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 _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits	
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* Occupation _____	
Occupation location occupation_place_type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name occupation_place_name _____	
Address Number housetnumber Street streetname Suburb suburb Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Alternative location occupation_place_type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name occupation_place_name _____	
Address Number housetnumber Street streetname Suburb suburb Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Ethnic group case belongs to* (tick all that apply)	
<input type="checkbox"/> NZ European EthNZEuroean <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoan <input type="checkbox"/> Cook Island Maori EthCookIslandMaori <input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 _____ EthSpecify2 _____	

Basis of Diagnosis

LABORATORY CRITERIA

Whole blood lead concentration: * **BloodMol** _____ μmol/l or **BloodGdl** _____ μg/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 Unknown

If yes, specify type of building* **Pre70Type** _____

If yes, building has paint chalking/flaking* **Pre70Paint** Yes No Unknown

If yes, old paint is being, or has recently been stripped* **Pre70Strip** Yes No Unknown

If yes, building is undergoing, or has recently undergone alterations or refurbishment* **Pre70Alt** Yes No Unknown

Case plays in soil containing paint debris* **PlaySoil** Yes No Unknown

Case ingests substances such as soil, dirt etc (pica)* **PICA** Yes No Unknown

Case has an occupation which involves exposure to lead* **CaseOccExpo** Yes No Unknown

Close contact of case (e.g. caregiver) has an occupation which involves exposure to lead* **ContOccExpo** Yes No Unknown

If yes, specify occupation* **SpecOcc** _____

If yes, specify relationship to case* **SpecRela** _____

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