



Environmental Lead Investigation Request

Form Pb-101

Provider: Follow these five (5) steps to request an Environmental Lead Investigation (ELI).

STEP 1. Eligibility Criteria for an ELI

Blood Lead Level (capillary & unknown sample types do not qualify)		
The requestor must submit this form within 30 days of the qualifying venous blood lead level.		
<ul style="list-style-type: none"> • One venous blood lead test at 20 micrograms per deciliter (mcg/dL) or higher, OR • Persistent: Two venous blood lead tests at least 12 weeks apart at 10-19 mcg/dL 		
Blood Lead Test Level 1: _____ mcg/dL Test Date: ____ / ____ / ____ Testing Laboratory: _____ Laboratory Telephone: (____) _____	Blood Lead Test Level 2: _____ mcg/dL Test Date: ____ / ____ / ____ Testing Laboratory: _____ Laboratory Telephone: (____) _____	
Medicaid Reimbursement (ELI must be ordered by a Physician, Physician's Assistant or Advanced Practice Registered Nurse)		
Dx Codes (check one)	Requestor's Credentials (check one)	Identification
<input type="checkbox"/> V15.86 Personal history of exposure to lead, presenting hazards to health <input type="checkbox"/> 984.9 Toxic effect of unspecified lead compound	<input type="checkbox"/> Physician (MD, DO) <input type="checkbox"/> Physician's Assistant (PA) <input type="checkbox"/> Advanced Practice Registered Nurse (APRN)	NPI: _____ License#: _____

STEP 2. Requestor's and Patient Information

Requestors Information <i>(Please print clearly)</i>				
Requestor's Name _____			Clinic Name _____	
Mailing Address _____	City _____	State _____	Zip _____	County _____
(____) _____	(____) _____			
Telephone _____	Fax _____			
Requestor's Name (please print) _____		Requestor's Signature _____		Date _____
Patient Information <i>(Please print clearly)</i>				
Child's Last Name _____		First Name _____		M.I. _____
____ / ____ / ____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Date of Birth (mm/dd/yyyy) _____	Medicaid Number _____	Language Spoken (check one)		
	(____) _____	(____) _____		
Parent/Guardian's Name _____	Telephone _____	Alternate Telephone _____		
Physical Address/ Apt. # _____	City _____	State _____	Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Primary Address (check one)
Mailing Address/ P.O. Box (if different from physical) _____	City _____	State _____	Zip _____	

STEP 3. Complete Forms

- *Environmental Lead Investigation Request (Pb-101)*
- *Possible Sources of Lead Exposure: Interview Questions (Pb-100)*

STEP 4. Fax Completed Forms, Attn To:

Texas Childhood Lead Poisoning Prevention Program
Environmental Specialist
Fax: 512-776-7699

STEP 5. Provider Talking Points

What to Tell the Parent/Guardian About an ELI

1. A Risk Assessor is an expert trained and certified by the state to find lead hazards.
2. A Risk Assessor will visit your home to find out if or where there are lead hazards that could be a danger to your child.
3. Since you need to be there to answer questions, the Risk Assessor will call you to find a day when it is best to visit your child's home to conduct the assessment.
4. The visit could take anywhere from a few hours to one day to complete.
5. The visit will be within **[use table below to determine timeframe]:**

When the parent or guardian should expect the ELI	
IF Venous Blood Lead Level (mcg/dL) is:	THEN Visit will be:
10-19 persistent	Within 2 weeks
20-44	Within 1 week
45-69	Within 48 hours
70 or higher	Within 24 hours

6. The Risk Assessor will test areas where your child sleeps, plays, and eats to see if there are items that may be causing the elevated blood lead level.
7. The Risk Assessor may use equipment to see if there is lead in items in your home.
8. The Risk Assessor may take dust, paint, or soil samples to send to a lab for testing.
9. After the samples return from the lab, the Risk Assessor will send a letter to you and to me. The letter will explain the results of the visit and offer recommendations to remove lead hazards.