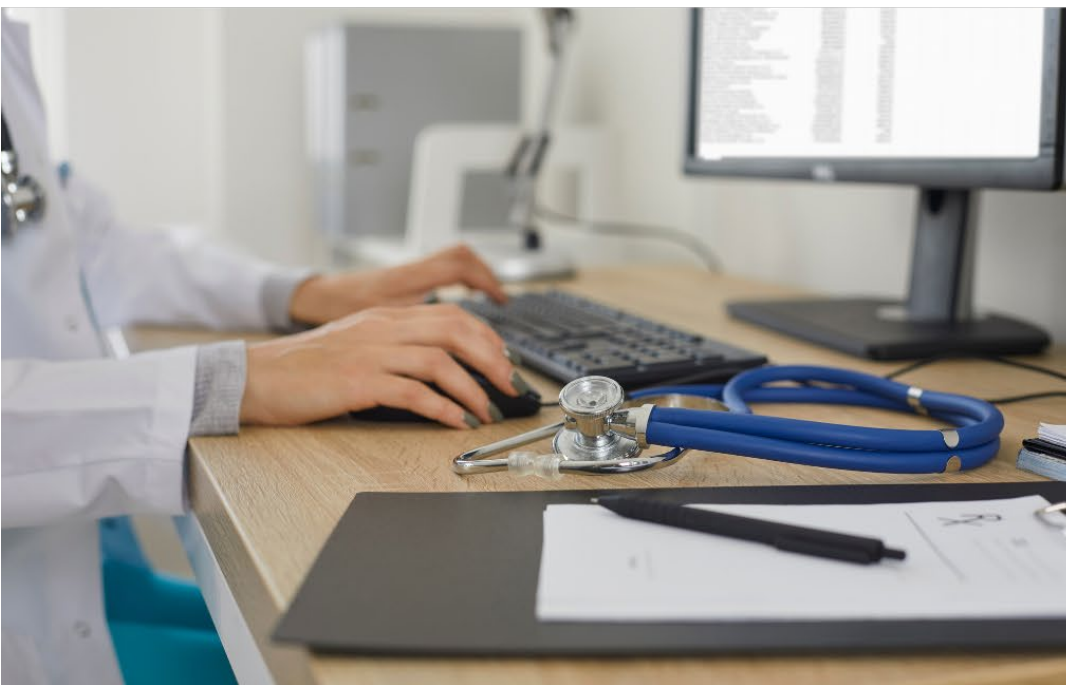
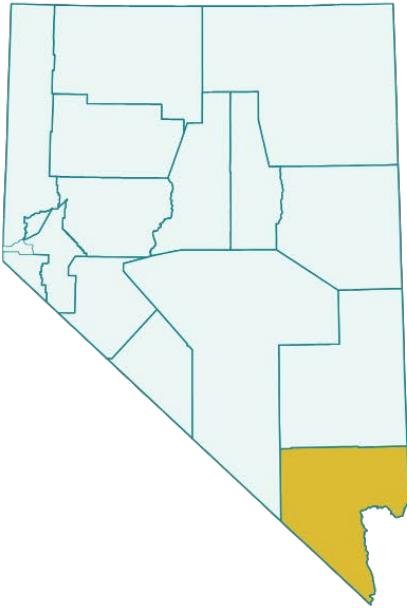


# Guide for Electronically Reporting Blood Lead Levels to the Southern Nevada Health District



## Funding Acknowledgment

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## Contact Information

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# Reporting Requirements

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In Nevada, childhood blood lead testing and reporting laws are defined by NRS 442.700. In summary, NRS 442.700 states the following:

1. Each provider of health care or other services who:
  - a. Is qualified to conduct a blood lead test is encouraged to perform, or cause to be performed, a test when a child reaches 12 and 24 months of age, or at least once before the child reaches 6 years of age
  - b. Provides early and periodic screening, diagnostic, and treatment services to children is encouraged to conduct a blood lead test in accordance with the guidelines of the Centers for Medicare and Medicaid Services
2. Any blood lead test performed using a capillary sample that results in a blood lead level greater than the reference value should be confirmed by a follow-up venous blood lead test
3. **All blood lead tests**, regardless of results, should be reported to the appropriate health authority. The report must include:
  - a. The name, sex, race, ethnicity and date of birth of the child
  - b. The address of the child, including the county and zip code
  - c. The date on which the sample was collected
  - d. The type of sample that was collected
  - e. The name and contact information of the ordering provider

For the full NRS 442.700, visit: <https://www.leg.state.nv.us/nrs/nrs-442.html#NRS442Sec700>

## The Importance of Reporting

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It is estimated that only about 3% of children under the age of 6 get a blood lead test in Nevada each year, making it one of the lowest testing states in the nation. Given this low rate, the total burden of lead exposure on Nevada's children is currently unknown. Similarly, it is unclear which populations in Nevada bear the brunt of lead exposure since key demographic information has not been previously collected.

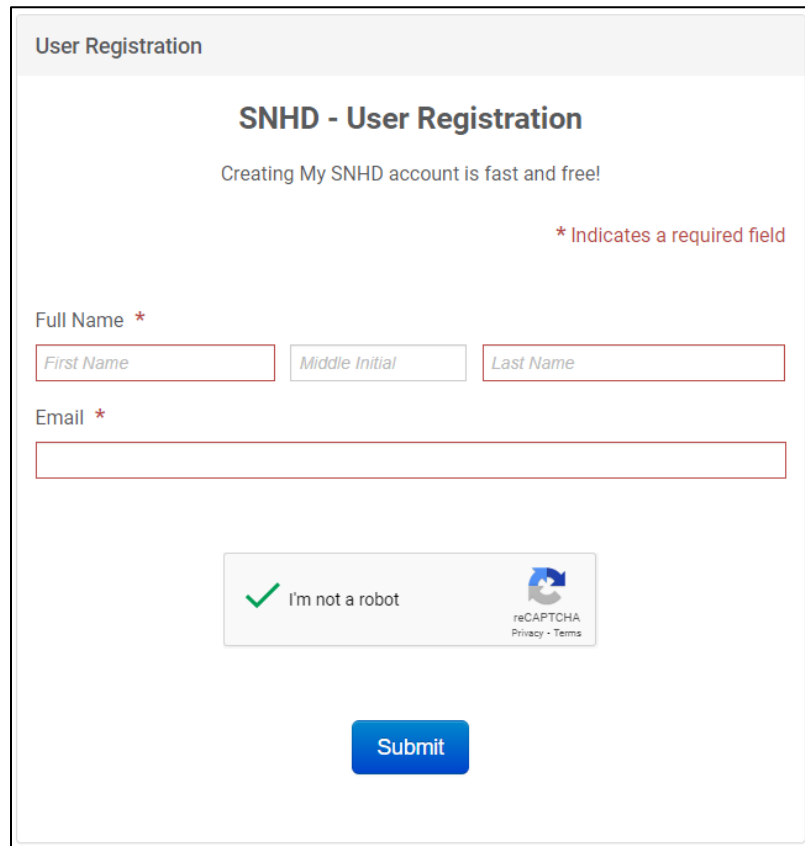
By submitting your medical practice's blood lead level results to the Southern Nevada Health District, you play a critical role in strengthening Nevada's lead exposure surveillance system, which will help better identify and provide critical resources to children who have been exposed to lead.

# Creating a MySNHD Account

In order to submit blood lead level results online, you must have a MySNHD account. If you already have an account, you may skip to the next section: [Reporting Blood Lead Levels  \$\geq 3.5\$   \$\mu\text{g}/\text{dL}\$](#) .

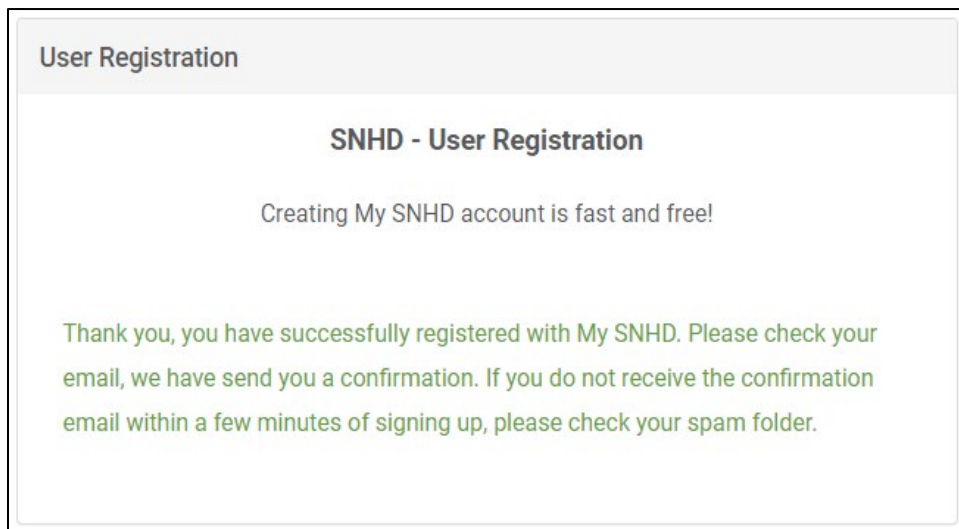
To create a MySNHD account:

1. Go to <https://www.southernnevadahealthdistrict.org/app/user/register/disease-reports/>
2. Fill out the User Registration form with your name and email address. Check off "I'm not a robot," then click **Submit**.



The screenshot shows the 'User Registration' form for SNHD. The form title is 'SNHD - User Registration' with the subtitle 'Creating My SNHD account is fast and free!'. A note indicates that an asterisk (\*) denotes a required field. The form includes three input fields for 'Full Name' (First Name, Middle Initial, Last Name) and one for 'Email'. Below the fields is a reCAPTCHA 'I'm not a robot' checkbox and a 'Submit' button.

3. You will get a thank you message instructing you to check your email to confirm your account.



The screenshot shows a confirmation message on the 'User Registration' page. The message reads: 'Thank you, you have successfully registered with My SNHD. Please check your email, we have send you a confirmation. If you do not receive the confirmation email within a few minutes of signing up, please check your spam folder.'

4. Check your email. You will receive an email from [do-not-reply@snhd.org](mailto:do-not-reply@snhd.org) which will contain your username and temporary password. Click the link **Proceed to My SNHD, Online Disease Reporting** to be redirected to the sign-in page.



5. Login for the first time using your username and temporary password

\* Indicates a required field

Email \*

Password \*

**Login**

REGISTER

FORGOT PASSWORD ?

6. Type in your New Password and update your Mailing Address and Phone Number. The Mailing Address and Phone Number can be either business or personal. When finished, click **Submit**.

My SNHD Account Information

\* Indicates a required field

**Note:** Passwords must be at least six characters in length and contain a number, an uppercase and a lowercase letter. It cannot contain a space, single quote or double quote.

New Password \*

Confirm Password \*

---

Mailing Address \*

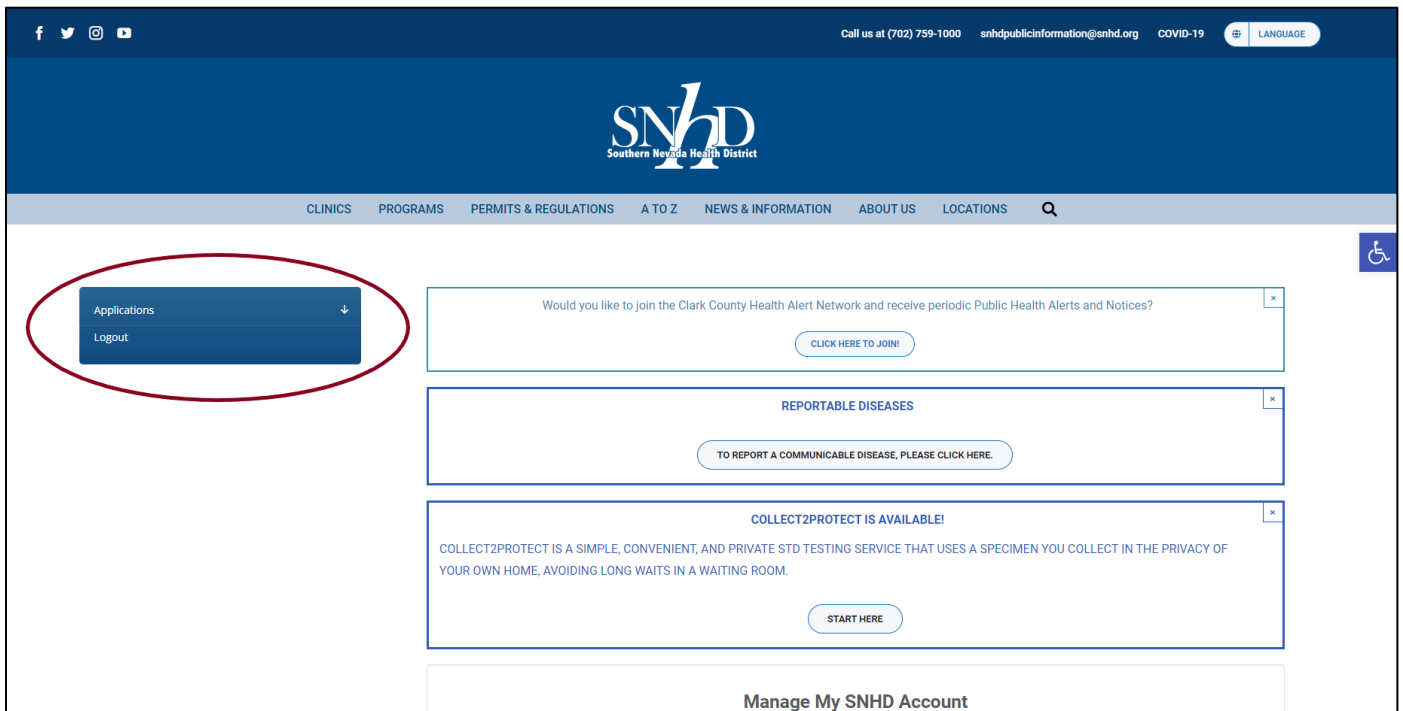
Phone Number \*

7. After clicking Submit, you will be redirected to your user dashboard. Congratulations, you have successfully created an account!

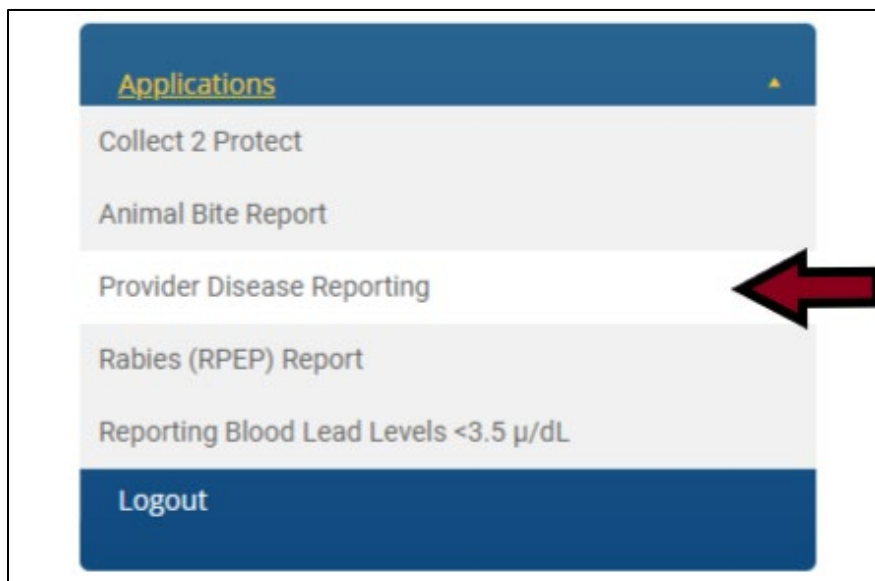
# Reporting Blood Lead Levels $\geq 3.5 \mu\text{g/dL}$

Blood lead levels at or above the CDC's reference value ( $\geq 3.5 \mu\text{g/dL}$ ) must be reported to SNHD **within one business day** regardless if the test was performed using a capillary or venous sample. The following is a guide for providers to **fill out all the sections required by SNHD and NRS 442.700**.

1. Go to <https://tinyurl.com/SNHDReportForm>.
2. Scroll down until you see the login portal. Login using your credentials.
3. Once logged in, you will see a menu on the left side of your dashboard with the options **Applications** and **Logout**.



4. Hover your cursor over **Applications** to see a list of available reports. Click on **Provider Disease Reporting** to be taken to the online report form.



5. Under **Disease or Condition Name**, select **Lead Poisoning**.

Disease or Condition Name \*

-- Select disease or condition name --

HIV pediatric seroreverter

HIV perinatal exposure

Influenza

**Lead poisoning**

Legionellosis

Leishmaniasis

Leptospirosis

Listeriosis

6. Fill out the section **Disease Information** with the required information. The red asterisk (\*) indicates fields required by SNHD. Please note that some information required per NRS 442.700 might not be required by SNHD. Below are guidelines for filling out the Disease Information section to comply with **both** SNHD and NRS requirements:

Section or Question	In-Office Capillary Test	Laboratory Venous Test
Onset Date *	If the child is symptomatic, Onset Date is when the child first displayed symptoms of lead poisoning. If the child is asymptomatic, Onset Date is the date of the <i>initial</i> blood lead test.	If the child is symptomatic, Onset Date is when the child first displayed symptoms of lead poisoning. If the child is asymptomatic, Onset Date is the date of the <i>initial</i> blood lead test.
Diagnosis Date *	Diagnosis Date is the date of the current capillary test. <i>(It is OK if Diagnosis Date and Onset Date are the same.)</i>	Diagnosis Date is the date you received the results from the laboratory.
Deceased *	Select <b>Yes</b> or <b>No</b> . If <b>Yes</b> , add the <b>Date of Death</b> .	Select <b>Yes</b> or <b>No</b> . If <b>Yes</b> , add the <b>Date of Death</b> .
Symptoms *	If the child is symptomatic, list any symptoms of lead poisoning the child displays. If the child is asymptomatic, report "NA."	If the child is symptomatic, list any symptoms of lead poisoning the child displays. If the child is asymptomatic, report "NA."
Was Laboratory Testing Ordered? *	Select <b>Yes</b> .	Select <b>Yes</b> .
Laboratory's Name *	Select " <b>Physician Office Lab</b> " from the drop-down menu.	Select the name of the lab from the drop-down menu.

Section or Question	In-Office Capillary Test	Laboratory Venous Test
Results are Available? *	Select <b>Yes</b> .	Select <b>Yes</b> .
Do you have Lab Results Available in an electronic file that can be uploaded? *	If you select <b>Yes</b> , attach the results as prompted. If you select <b>No</b> , add the result in the Lab Results (Text Format) textbox.	If you select <b>Yes</b> , attach the Results as prompted. If you select <b>No</b> , add the result in the Lab Results (Text Format) textbox
Was the Patient Treated? *	Select <b>Yes</b> or <b>No</b> . If <b>Yes</b> , provide details in the Treatment Details textbox.	Select <b>Yes</b> or <b>No</b> . If <b>Yes</b> , provide details in the Treatment Details textbox
Do you have any other information in an electronic file you would like to upload?	<i>This question is optional.</i> Select <b>Yes</b> or <b>No</b> .	<i>This question is optional.</i> Select <b>Yes</b> or <b>No</b> .
Comments/Notes	The following should be included in the Comments/Notes: Indicate that this sample was a capillary point-of-care test. Indicate the type of analysis method (i.e., LeadCare II, Medtox filter paper).	The following should be included in the Comments/Notes: Indicate that this sample was a venous test.

7. Fill out the **Reporter Information** section. Include the following information:
- Your Phone Number - Update if needed \*

### Reporter Information

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Your Phone Number - Update if needed \*

(xxx) xxx-xxxx

Your Fax Number

(xxx) xxx-xxxx

8. Fill out the Facility Information section. Include the following information:
- a. Facility's Type \*
  - b. Facility's Name of Place of Test \*

Facility's Type \*

Clinic

Facility's Name or Place of Test \*

Visit Date

mm/dd/yyyy

9. Fill out the **Provider Information** section. Include the following information:
- a. Name of Attending Provider \*
  - b. Provider's Phone Number \*

Provider Information

Name of Attending Provider \*

First Name Last Name

Title

-- Select title --

Provider's Phone Number \*

(xxx) xxx-xxxx

Provider's Fax Number

(xxx) xxx-xxxx

Facility's Phone Number

(xxx) xxx-xxxx

10. Fill out the **Patient Information** section. Include the following information:

- a. Patient's Full Name
- b. Patient's Date of Birth
- c. Patient's Address, including the county and zip code in which the child resides
- d. Birth Gender
- e. Ethnicity
- f. Race

### Patient Information

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Patient's Full Name \*

<input type="text" value="First Name"/>	<input type="text" value="Middle Initial"/>	<input type="text" value="Last Name"/>
---	---	--

Patient's Phone Number

Patient's Date of Birth \*

<input type="text" value="Month: ▾"/>	<input type="text" value="Day: ▾"/>	<input type="text" value="Year: ▾"/>
---------------------------------------	-------------------------------------	--------------------------------------

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Patient's Address

<input type="text" value="Street Number"/>	<input type="text" value="Street Name"/>
--	--

<input type="text" value="City"/>	<input type="text" value="Nevada"/>
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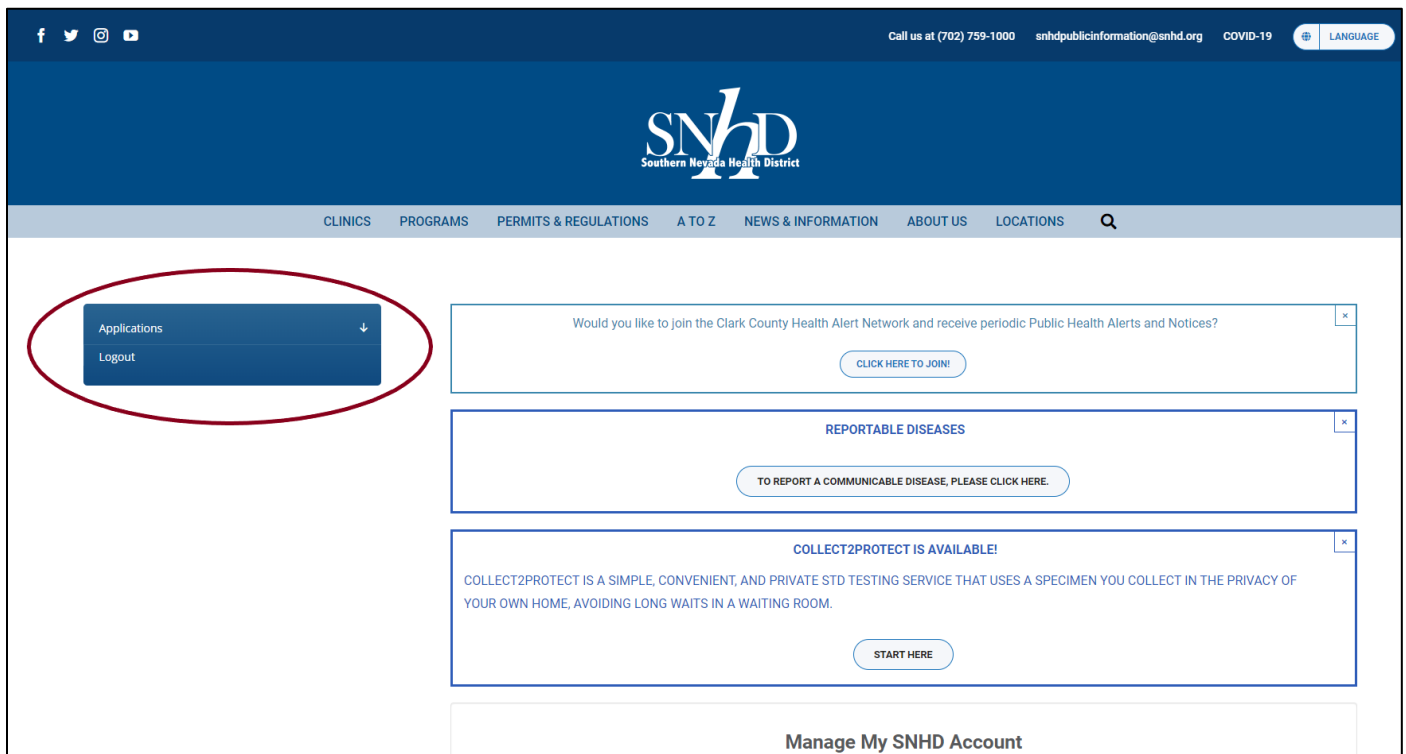
Patient's County

11. Click **Submit** when finished.

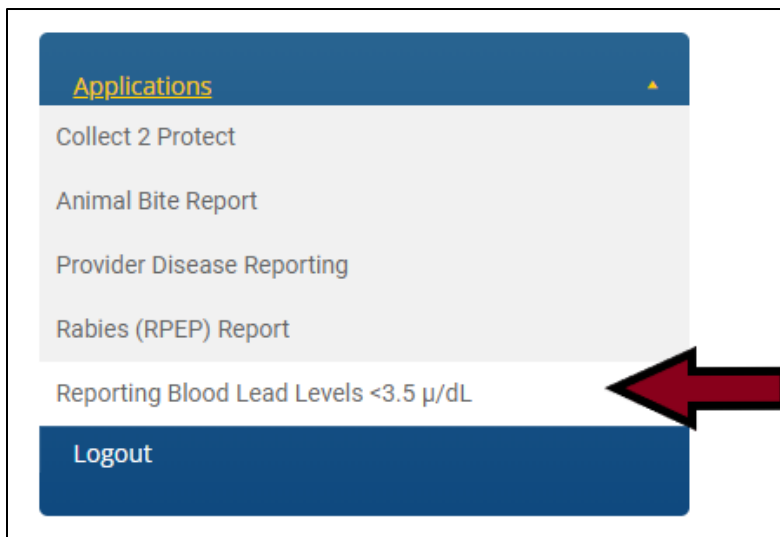
# Batch Reporting of Blood Lead Levels <3.5 µg/dL

Batch reporting of multiple blood lead levels below the CDC’s reference value (<3.5 µg/dL) may be reported to SNHD on a quarterly basis. The following is a guide for providers to fill out the batch report template per **SNHD and NRS 442.700 requirements**.

1. Go to <https://tinyurl.com/SNHDReportForm>.
2. Scroll down until you see the login portal. Login using your credentials.
3. Once logged in, you will see a menu on the left side of your dashboard with the options **Applications** and **Logout**.



4. Hover your cursor over **Applications** to see a list of available reports. Click on **Reporting Blood Lead Levels <3.5 µg/dL**.



- Download the Excel template by clicking the link **Blood Lead Levels < 3.5 mcg/dL**.

**Reporting Blood Lead Levels < 3.5 µ/dL**

Download: [Blood Lead Levels < 3.5 mcg/dL](#) ←

Version: 09/25/2023

Please do not add or remove lines to worksheet.

Choose File No file chosen

Submit

**SNHD may periodically update this Excel template**, so ensure you have the latest version downloaded. After you have downloaded the Excel, you may change the file name at any point, as it will not affect the submission.

- Open the Excel template and navigate to the sheet titled **Descriptions** to familiarize yourself with the report. The **Descriptions** sheet lists each cell’s parameters and limitations. Please adhere to the format by following the guidelines in the column “**Spreadsheet format**” (circled in blue below). If responses deviate from the format, the data will not be usable. **Red** cells indicate required information.

Section	Reporting	Column Name	Description	Spreadsheet format
Analyzing Laboratory Information (for LeadCare II users, this would be the facility information)	Required	LAB_ID	CLIA Numerical Identifier	Max 15 chars
	Required	LAB_NAME	Public Name of Lab	Max 50 chars
	Required	LAB_ADDR	Physical Address of Lab	Max 120 chars
	Optional	LAB_ADDR2	Suite Number (if applicable)	Max 50 chars
	Required	LAB_STATE	State Abbreviation	2 chars
	Required	LAB_CITY	Full Name of City where Lab is Located	Max 50 chars
	Required	LAB_ZIP	Lab 5 Digit ZIP Code or ZIP	5 chars
	Required	LAB_PHONE	Lab 10 Digit Phone Number (no formatting)	10 chars
Patient Information	Required	PT_LASTNAME	Patient Last Name	Max 50 chars
	Required	PT_FIRSTNAME	Patient First Name	Max 50 chars
	Optional	PT_MIDDLEINITIAL	Patient Middle Initial (if applicable)	1 char
	Required	DOB	Patient Date of Birth in MM/DD/YYYY Format	MM/DD/YYYY
	Required	SEX	Indicate Sex of Patient	1 char
	Required	SEXUAL_ORIENTATION	Indicate Sexual Orientation of Patient	Max 50 chars
	Required	GENDER_IDENTITY	Indicate Gender Identify of Patient	Max 50 chars
	Required	PT_ADDR	Patient Street Address	Max 50 chars
	Optional	PT_ADDR2	Apartment Number (if applicable)	Max 25 chars
	Optional	PT_COUNTRY	Country	Max 50 chars
	Required	PT_STATE	State Abbreviation	2 chars
	Required for PT_STATE = 'NV'	PT_COUNTY	Indicate county	Max 50 chars
	Required for PT_STATE = 'NV'	PT_CITY	Patient City	Max 50 chars
	Required for PT_STATE = 'NV'	PT_ZIP	5 Digit ZIP Code	5 chars
Required	PT_PHONE	10 Digit Phone Number of Patient (no formatting)	10 chars	
Required	RACE	Indicate race of patient		
Required	ETHNIC	Indicate ethnicity		

← Descriptions Reference +

7. Next, navigate to the **Report** tab. The **Report** tab can be completed either by manually typing the appropriate information in each cell or by having your IT department automate the process by writing a program that can automatically pull the necessary information from electronic health records.

1	Analyzing Laboratory Information							
2	LAB_ID	LAB_NAME	LAB_ADDR	LAB_ADDR2	LAB_STATE	LAB_CITY	LAB_ZIP	LAB_PHONE
3								
4								
5								
6								
7								
8								
9								
10								

8. After filling out the Report tab, go back to the SNHD submission portal. Click **Choose File** and select the correct file for upload.

Reporting Blood Lead Levels < 3.5  $\mu$ /dL

Download: Blood Lead Levels < 3.5 mcg/dL  
Version: 09/25/2023  
Please do not add or remove lines to worksheet.

Choose File No file chosen

Submit

9. Once you have selected the file, click **Submit**.

Reporting Blood Lead Levels < 3.5  $\mu$ /dL

Download: Blood Lead Levels < 3.5 mcg/dL  
Version: 09/25/2023  
Please do not add or remove lines to worksheet.

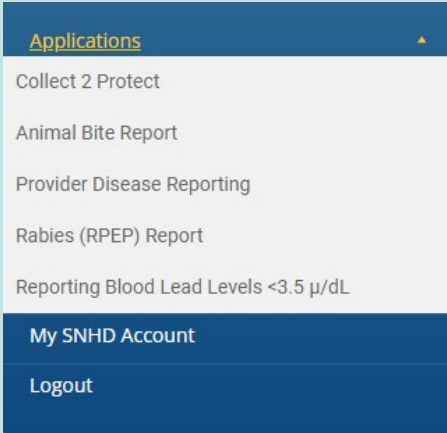
Choose File Blood\_Lead... 23-09-25.xlsx

Submit

10. You will receive a thank you message confirming that your file was successfully uploaded.

## Frequently Asked Questions

Question	Answer
Do I have to submit blood lead level reports less than 3.5 µg /dL to the Southern Nevada Health District?	Yes. Per <a href="#">NRS 442.700</a> , providers in Nevada are required to report <i>all</i> blood lead results to the local health authority, including those less than (<) 3.5 µg /dL.
We send patients to a laboratory that collects and submits blood lead results to the Southern Nevada Health District. Does my medical practice still have to submit blood lead results to the Southern Nevada Health District?	<p>Yes, medical practices in Clark County are required to report all blood lead results and demographic variables to the Southern Nevada Health District.</p> <p>It is true that laboratories may report the test results to SNHD, but they do not always report all of the demographic information required by NRS 442.700.</p>
Do I have to collect and report demographic information to the Southern Nevada Health District?	<p>Pursuant to NRS 442.700, you are required by law to collect and report demographic information when submitting blood lead level results. Required information includes:</p> <ul style="list-style-type: none"> <li>● The name, sex, race, ethnicity, and date of birth of the child</li> <li>● The address of the child, including county and zip code</li> <li>● The date on which the sample was collected</li> <li>● The type of sample that was collected</li> <li>● The name and contact information of the ordering provider</li> </ul>
How often do I need to report?	<p>Blood lead levels at or above the CDC’s reference value (<math>\geq 3.5</math> µg/dL) must be reported to SNHD within one business day. Blood lead levels below the CDC’s reference value (<math>&lt; 3.5</math> µg/dL) may be reported on a quarterly basis (every three months).</p> <p>We encourage medical offices with IT support to automate reporting daily to your local health district. Please consult your IT department to set this up. If your IT department has questions about this process, they can email the Southern Nevada Health District’s Office of Informatics at <a href="mailto:informatics@snhd.org">informatics@snhd.org</a> with inquiries. We encourage medical offices without IT support to report blood lead levels below the CDC’s reference value (<math>&lt; 3.5</math> µg/dL) quarterly (every three months) at a minimum, however, reporting monthly is strongly recommended.</p>
Can the company my office uses for our electronic health record (EHR) software add new demographics fields to medical records?	Yes, the company that manages your EHR software can add new fields to electronic health records so you can comply with NRS 442.700.

<p>My office does not have IT support to automate the creation of daily blood lead reports. What should I do?</p>	<p>You can manually type in the required information in the Excel sheet. You may also consult with the company that manages your electronic health records for potential assistance.</p>
<p>Can I use the batch reporting process to include all (<math>\geq 3.5 \mu\text{g/dL}</math> and <math>&lt;3.5 \mu\text{g/dL}</math>) blood lead level data?</p>	<p>Yes, the batch reporting process can be used to submit all blood lead level reports.</p> <p>However, blood lead levels at or above the reference value (<math>\geq 3.5 \mu\text{g/dL}</math>) must be reported within one business day of obtaining results. Therefore, if your batch report includes a result <math>\geq 3.5 \mu\text{g/dL}</math>, you must submit the Excel report within one business day of obtaining the <math>\geq 3.5 \mu\text{g/dL}</math> result.</p>
<p>Why are there two separate online reporting forms?</p> 	<p>The form found under Provider Disease Reporting is intended for uploading single reports of blood lead levels <math>\geq 3.5 \mu\text{g/dL}</math>. Reports of blood lead levels <math>\geq 3.5 \mu\text{g/dL}</math> must be submitted within one business day.</p> <p>The form found under Reporting Blood Lead Levels <math>&lt; 3.5 \mu\text{g/dL}</math> is intended for uploading multiple reports at the same time. This process is also commonly referred to as batch reporting. Batch reporting may be done on a quarterly basis.</p>
<p>Do I need a MySNHD account to submit lead test results online?</p>	<p>Yes, a MySNHD account must be created before you can submit blood lead results online.</p>
<p>Can I still fax my blood lead results to SNHD?</p>	<p>Yes, you can still fax blood lead results to the SNHD to the following fax number: (702) 759-1414. However, online reporting is highly encouraged as it is more efficient and reduces human error.</p>