

INSTRUCTIONS for using the reporting template.

1. Open the template
2. Click **File** on the menu
3. Next, select **Save As** and save the file with a **new** name

Please use a short filename.

Please do **not** put **commas (,)** **number symbols (#)** **slashes (/)** or **apostrophes (')** in the file name
 Use of **periods (.)** and **dashes (-)** are fine

Examples:

Correct: ABC-2020FebWk1.xlsx

Incorrect: NewLeadFileCopyWithVeryVeryLongNameDrBlankenship'sOffice02/05/2020#1,batchAFinished.xlsx

Please note:

- Fields marked with an asterisk* are required
- **Medicaid ID** is required, if applicable.
 - If child is NOT enrolled in Medicaid, leave the Medicaid ID field blank
- Some of the fields have a drop down pick list with choices to select
 - If none of the choices are applicable, please leave blank
- Enter the physical address where the child is living on the day the specimen is collected – NO PO Box numbers please
- **Sample number** should be a **unique** number for the blood lead specimen
 - Once used, the sample number should not be used again
- If you finish the last line, please start a new file.

For the **Result** field, please enter the result **displayed on the analyzer**

- If the machine displays the result as "**Low**", enter **LOW** or < 3.3 in the result field (We prefer you enter the result as displayed on the machine.)
- If the machine displays the result as a numeric **value**, enter the **value** (e.g., **7.4**) in the result field
- If the machine displays the result as "**High**", enter **HIGH** or > 65 in the result field (We prefer you enter the result as displayed on the machine.)

Correct

Sample number* (unique, never use same sample number again)	Specimen date* (mm/dd/yyyy)	Result* (Enter EXACTLY as displayed on machine)	Specimen type* (Should always be capillary C)
0018A734	04/02/2020	LOW	C
0018A735	04/07/2020	7.4	C
0018A736	04/09/2020	4.2	C
0018A737	04/09/2020	<3.3	C

INCORRECT

Sample number* (unique, never use same sample number again)	Specimen date* (mm/dd/yyyy)	Result* (Enter EXACTLY as displayed on machine)	Specimen type* (Should always be capillary C)
0018A734	04/02/2020	NORMAL	C
0018A735	04/07/2020	< 1	C
0018A736	04/09/2020	4.2 ug/dL	C
0018A737	04/09/2020	Negative	C

Enter **LOW** or < 3.3 in the result field (The word **LOW** is preferred.)
 If the result value is **numeric**, enter the result **value** only (e.g., **4.2, 7.4**).

Do **NOT** put result values that do not display on analyzer (e.g., < 1, < 3.0, **Normal, Negative**)
 Do **NOT** put **units of measurement** in the result field (e.g., 4.2 **UG/DL**)

Test result report files should be uploaded to the Department's FTP site within 5 days of test completion.

If you have questions, please see contact information below:

Primary contact:

Tena G Hand

Data Manager, Children's Environmental Health
Division of Public Health, Environmental Health Section
North Carolina Department of Health and Human Services

Office cell: (919) 815-0141
Office phone: (919) 707-5933
tena.hand@dhhs.nc.gov

Secondary contact:

Melanie Napier, MSPH, PhD

Public Health Epidemiologist, Children's Environmental Health
Division of Public Health, Environmental Health Section
North Carolina Department of Health and Human Services

Office cell: (919) 407-9401
Office phone: (919) 707-5861
melanie.napier@dhhs.nc.gov