

**Data Request Form**  
**Minnesota Department of Health Blood Lead Surveillance Program**  
Environmental Impacts Analysis Unit  
Division of Environmental Health

P.O. Box 64975  
St. Paul, MN 55164-0975

The Minnesota Department of Health Blood Lead Surveillance Program receives all laboratory results of blood lead tests conducted on Minnesota residents. These reports include information on the blood lead level, type of test conducted, information on the reporting laboratory and facility where the blood is drawn, as well as personal identifying information on the patient. All personal identifying information is classified by Minnesota law as private data on individuals, and is not accessible to the public. "Summary data" are statistical data and reports derived from data on individuals but in which individuals are not identified and from which neither their identities nor any other characteristics that could uniquely identify an individual is ascertainable. Only summary data will be provided in response to this request.

Requests are processed in the order in which they are received, with priority given to requestors from the Minnesota Department of Health, the Minnesota Legislature, other state agencies, community health service agencies and public media. Requestors from within the Minnesota Department of Health, the Minnesota Legislature, other state agencies, and community health service agencies are not charged for completion of their data requests. Other requestors may be charged for data reports if the request requires more than one hour of staff time to complete, and/or the total out-of-pocket expenses needed to complete the request are more than \$50.

Name (Please Print) \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zipcode \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_ Date of Request \_\_\_\_\_  
E-mail \_\_\_\_\_ Date Needed \_\_\_\_\_

Please answer the following questions regarding your request for blood lead information.

1. Describe the information you are interested in obtaining (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe the data report format (include a sample report if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe specifically the selection criteria/population/time frame of the data request (e.g., number of children ages 0–72 months with highest blood lead test during 1997 of 10 µg/dL or greater): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responses to the following are optional. It will be treated as public information and may be used for planning purposes.

4. Describe how the data will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe additional summary information that would be useful to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that data reports are produced from private data. I will not attempt to identify specific individuals in or from the data requested.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form to the above address or fax it to: (651) 201-4909 in care of EIA-Blood Lead Surveillance. *If you have questions, please feel free to contact Stephanie Yendell at (651) 201-4894 or e-mail at: [stephanie.yendell@state.mn.us](mailto:stephanie.yendell@state.mn.us).*

Revised: 07/08/13.