DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Health and Hazardous Substances Registry Code

2) Code Citation: 77 Ill. Adm. Code 840

3)

Section Numbers:	Adopted Action:
840.10	Amended
840.20	Amended
840.30	Amended
840.40	Amended
840.60	Amended
840.210	Amended
840.220	Amended
840.230	New
840.300	Amended
840.305	Amended
840.310	Amended
840 Appendix C	Repealed
840.Appendix C.Exhibit A	Repealed
840.Appendix C.Exhibit B	Repealed
840.Appendix C.Illustration A	Repealed
840.Appendix C.Illustration B	Repealed

4) Statutory Authority: Illinois Health and Hazardous Substances Registry Act [410 ILCS 525], Section 2310-365 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365], the Developmental Disability Prevention Act [410 ILCS 250], and the Lead Poisoning Prevention Act [410 ILCS 45]

5) Effective Date of Rulemaking:

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposed Amendments Published in Illinois Register: 36 Ill. Reg. 84; January 6, 2012

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

No changes were made and no comments were received during the first notice or public comment period.

The following changes were made in response to comments and suggestions of JCAR:

1. Section 840.10, definition of "Institutional review board" change "Insitutional" to "Institutional".

2. Section 840.310, paragraph g) change "IDOH" to "IDPH".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking:

The amendments in Subpart B pertaining to the Illinois State Cancer Registry (ISCR) clarify the methods of determining whether data are confidential and meet thresholds for data release.

The amendments in Subpart C pertaining to the Adverse Pregnancy Outcomes Reporting System (APORS) provide the mechanism for referral of cases to service-providing agencies and to clarify reporting requirements.

The amendments in Subpart D pertaining to the Occupational Disease Registry (ODR) lower the threshold for reporting adult cases of elevated blood lead to reflect the federal requirements for reporting and update operational processes for data collection. Appendix C is being repealed. The Department will be initiating an electronic reporting system, and reportable information is being added to the main portion of the rules.

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16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761
e-mail: dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER p: HAZARDOUS AND POISONOUS SUBSTANCES

PART 840
~~ILLINOIS~~ HEALTH AND HAZARDOUS SUBSTANCES REGISTRY CODE

SUBPART A: GENERAL REGISTRY PROVISIONS

Section

SUBPART B: ILLINOIS STATE CANCER REGISTRY

SUBPART C: ADVERSE PREGNANCY OUTCOMES REPORTING SYSTEM

SUBPART D: OCCUPATIONAL DISEASE REGISTRY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

840.APPENDIX B Instructions for APORS Reporting (Repealed)
840.EXHIBIT A Instructions for Completing Infant Discharge Record (Repealed)
840.ILLUSTRATION A Infant Discharge Record (Repealed)
840.EXHIBIT B Instructions for Completing Maternal Supplement (Repealed)
840.ILLUSTRATION B Maternal Supplement Abstract (Repealed)
840.APPENDIX C Forms and Instructions for Occupational Disease Registry (Repealed)
840.EXHIBIT A Instructions for completing The Laboratory Based Report of Adult Blood Lead Analysis (Repealed)
840.EXHIBIT B Instructions for completing the Health Department Follow-Up Report of Adult Blood Lead Level Analysis For Results of 25 mcg/dl and Above (Local Health Authorities will use this form) (Repealed)
840.ILLUSTRATION A Health Department Laboratory Report of Adult Elevated Blood Lead Analysis 25 mcg/dl and Above (Repealed)
840.ILLUSTRATION B Health Department Follow-up Report of Adult Blood Lead Level Analysis For Results of 25 mcg/dl and Above (Repealed)
840.ILLUSTRATION C Occupational Disease Registry Abstract Information from the Illinois Health Care Cost Containment Council (Repealed)

AUTHORITY: Implemented and authorized by the Illinois Health and Hazardous Substances Registry Act [410 ILCS 525], Section 2310-365 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365], the Developmental Disability Prevention Act [410 ILCS 250], and the Lead Poisoning Prevention Act [410 ILCS 45].

SOURCE: Adopted at 10 Ill. Reg. 7842, effective May 19, 1986; amended at 12 Ill. Reg. 13173, effective August 1, 1988; amended at 14 Ill. Reg. 5495, effective April 1, 1990; amended at 17 Ill. Reg. 2319, effective February 10, 1993; amended at 24 Ill. Reg. 3685, effective February 16, 2000; amended at 31 Ill. Reg. 12207, effective August 2, 2007; amended at 36 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL REGISTRY PROVISIONS

Section 840.10 Definitions

"Act" means the Illinois Health and Hazardous Substances Registry Act [410 ILCS 525].

"*Adverse pregnancy outcomes" includes but is not limited to birth defects, fetal loss, infant mortality, low birth weight, selected life-threatening conditions, and other developmental disabilities as defined* in Section 840.200 of this Part.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Section 3(1) of the Act)

"Adverse Pregnancy Outcomes Reporting System" or "APORS" means the Illinois Department of Public Health program established to compile a registry of adverse pregnancy outcomes.

"Ambulatory Surgical Treatment Center" means any facility subject to licensure pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5] ~~and any other institution, place, or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures that is maintained by the State or local government bodies.~~

~~"APORS" means Adverse Pregnancy Outcomes Reporting System.~~

"Birth center" means a facility as defined under the Alternative Health Care Delivery Act and licensed by the Department under the Birth Center Demonstration Program Code (77 Ill. Adm. Code 265) to provide birth services.

"Birth defect" means a condition of abnormal development related to body structure, body function, body metabolism, or an error of body chemistry that typically is identified at birth but can be diagnosed during pregnancy or following birth. Birth defects~~A birth defect~~ can originate in a number of ways, including having a~~be of~~ genetic ~~and/~~or metabolic origin.

~~"CPT Coding Index" means the Current Procedural Terminology Coding Index, Version 2007, developed by the American Medical Association.~~

"Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia. (Section 3(e) of the Act)

"Cancer-confirming report" means the simple biopsy, excision biopsy or surgical pathology report~~reports~~ that confirms the morphologic (histologic) type of cancer, primary site, and the stage or extent of disease.

"Cancer incidence" means a medical diagnosis of cancer, consisting of a record of cases of cancer and specified cases of tumorous or precancerous diseases which occur in Illinois, and such other information concerning these cases as the Department deems necessary or appropriate in order to conduct thorough and complete epidemiological surveys of cancer and cancer-related diseases in Illinois. (Section 3(f) of the Act) Other information concerning cancer incidence

may include, but is not limited to, diagnosis, staging, treatment, follow-up and survival information.

"Cancer surveillance" means~~is~~ the ongoing and systematic collection and analysis of information on new cancer cases, cancer deaths, extent of disease at diagnosis, treatment, clinical management, and survival.

"Clinical laboratory" means any clinical laboratory as defined in the Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25].

"Company profile" includes but is not limited to the name of any company operating in the State of Illinois which generates, uses, disposes of or transports hazardous substances, identification of the types of permits issued in such company's name relating to transactions involving hazardous substances, inventory of hazardous substances handled by the~~such~~ company, and the manner in which the~~such~~ hazardous substances are used, disposed of, or transported by the company. (Section 3(j) of the Act)

"Confidential data" means Health and Hazardous Substances Registry data containing identifiers or variables that, alone or in combination, can lead to identification of individuals, physicians, or facilities (see Section 840.30(h)).

"Congenital" means present at birth, referring to certain mental or physical traits, anomalies, malformations, diseases, etc., that may be either hereditary or caused by an influence occurring during fetal development or pregnancy, up to the moment of birth.

"Council" means the Health and Hazardous Substances Coordinating Council created by the~~the~~ Act. (Section 3(c) of the Act)

"Current Procedural Terminology" or "CPT" or "Coding Index Version 2007" means the coding index developed by the American Medical Association (see Section 840.115).

"Death certificate clearance" means the process by which incident cases are added to the database through review of the cause of death on death certificates and subsequent follow-up with medical providers.

"Department" means the Illinois Department of Public Health. (Section 3(a) of the Act)

"Director" means the Director of the Illinois Department of Public Health. (Section 3(b) of the Act)

"Elevated blood lead level" means a concentration of lead in whole blood equal to or in excess of 10~~25~~ micrograms per deciliter.

"Ethnicity" means the group of human kind to which an individual belongs, either Hispanic (Latino) or not Hispanic (not Latino).

"Facility" means~~is~~ a hospital, clinical laboratory, ambulatory surgical treatment center, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and/or any other diagnostic or treatment center or other entity that is required by this Part to make reports to the Department. "Facility" also includes any other institution, place or building devoted primarily to the performance of medical care or surgical procedures that is maintained by the State or local government bodies.

"Facility-identifying information" means any information, collection or grouping of data from which the identity of the facility to which it relates may be discerned, e.g., name, address or Department-assigned facility identification number~~Facility I.D~~.

"Fetal death" means the demise of a fetus at gestation greater than 20 weeks; the death is indicated if~~by the fact that~~ the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles at delivery.

"Follow-up" means the reporting of or Registry-initiated obtainment of patient's survival information after the first diagnosis of the medical conditions defined by the Registry~~cancer~~.

"Follow-up services" means medical, educational, social and family support services provided to infants and children with adverse pregnancy outcomes.

"Hazardous nuclear material" means:

> *any source or special nuclear material intended for use or used as an energy source in a production or utilization facility as defined in Sec. 11.v. or 11.cc. of the Federal Atomic Energy Act of 1954 as amended;*

any fuel which has been discharged from such a facility following irradiation, the constituent elements of which have not been separated by reprocessing; or

any by-product material resulting from operation of such a facility. (Section 3(k) of the Act)

"Hazardous substances" means a hazardous substance as defined in Section 3.2153 of *the Environmental Protection Act* [415 ILCS 5]. (Section 3(h) of the Act)

"Hazardous substances incident" includes but is not limited to spill, fire or accident involving hazardous substances, illegal disposal, transportation, or use of hazardous substances, and complaints or permit violations involving hazardous substances. (Section 3(i) of the Act)

"Hospital" means any facility subject to licensure pursuant to the Hospital Licensing Act [210 ILCS 85], and any other institution, place or building devoted primarily to the maintenance and operation of facilities for the performance of medical or surgical care that is maintained by the State or local government bodies.

"Hospital Cancer Registry" means is a data collection system that monitors all types of cancer diagnosed or treated at that facility by collecting case identification, a description of the patient and the cancer, treatment, and follow-up data.

"ICD-9-CM" means International Classification of Diseases, 9th Revision Clinical Modification, World Health Organization, Geneva, Switzerland.

"ICD-10-CM" means International Classification of Diseases, 10th Revision Clinical Modification, World Health Organization, Geneva, Switzerland.

"ICD-O-3" means International Classification of Diseases for Oncology, Third Edition, World Health Organization, Geneva, Switzerland.

"Infant discharge record" means documentation of one or more identified is a form provided by the Department for identifying and reporting adverse pregnancy outcomes reported by a reporting facility to the Department.

"Institutional~~IRB" means institutional~~ review board" or "IRB" means~~, which is~~ a specially constituted review body established or designated by an institution to protect the welfare of human subjects participating in research.

"Lead hazard" means a lead-bearing substance that, because of its accessibility, poses a health hazard to humans.

"Local health authority" means the full-time official health department or board of health, as recognized by the Department, that has jurisdiction over a particular geographical area.

"mcg/d1" means micrograms per deciliter.

"Morphology" means a concise diagnostic description of a tumor that includes the kind of tumor, the behavior of the tumor (e.g., benign, in-situ, malignant, or malignant uncertain, whether primary or metastatic), and the grade or degree of differentiation of the cells.

~~"NAACCR Standard for Cancer Registries" means the standards set forth by the North American Association of Central Cancer Registries (NAACCR) that measure a central registry's data completeness, quality and timeliness.~~

"National Birth Defects Prevention Network" means a national organization dedicated to improving the quality of birth defect surveillance and providing technical assistance for the development of uniform methods of data collection.

"Neonatal" means related to the period immediately succeeding birth and continuing through the first 28 days of life.

"Neonate" means an infant less than 28 days of age.

"Newly diagnosed" means a condition or disease first discovered or diagnosed by a licensed physician or dentist in a resident of the State of Illinois or a non-resident receiving medical diagnosis or treatment in the State of Illinois.

"North American Association of Central Cancer Registries" or "NAACCR" means the organization that sets standards that measure a central registry's data completeness, quality and timeliness.

"Occupational disease" includes but is not limited to all occupational diseases covered by the Workers' Occupational Diseases Act [820 ILCS 310]. (Section 3 (g) of the Act)

"Other facility" means any person, organization, institution, corporation, partnership or other entity not required to be licensed as a health care facility by the State of Illinois, which maintains and operates facilities for the performance of diagnostic, laboratory or therapeutic services for the identification and treatment of cancer.

"Patient contact" means contacting patients based on collected Registry data.

"Patient-identifying information" means any information or collection or grouping of data from which the identity of the person to whom it relates may be discerned, e.g., name, address and social security number.

"*Perinatal" means the period of time between the conception of an infant and the end of the first month of life.* (Section 2(a) of the Developmental Disability Prevention Act)

"*Perinatal center" means a referral facility intended to care for the high risk patient before, during or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services.* (Section 2(e) of the Developmental Disability Prevention Act)

"Prenatal" means preceding birth.

"Primary site" means the anatomic location in a cancer patient that identifies the site of origin of a tumor (i.e.~~e.g.~~, where the cancer first began).

"Public health surveillance" means the ongoing systematic collection, analysis and interpretation of health data for purposes of improving health and safety.

"Race" means the major group of human kind to which an individual belongs, having distinct physical characteristics. These groups include, but are not limited to: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White.

"Rapid case ascertainment" means special case-finding procedures that require

early or preliminary reporting of certain types of cancer cases. The procedure may include the review of patient medical records, pathology report forms, radiology reports, laboratory~~lab~~ reports and other diagnostic tests.

"Record uniqueness" means the quantification of the risk of a breach of confidentiality of electronic health databases, including the identifiability of cases through triangulation of information or linkage with other electronic databases.

"Regional Perinatal Network" means any number and combination of hospitals providing maternity and newborn services at a designated level~~hospital-based maternity and newborn facilities functioning at one of three levels~~ of perinatal care.

"Registry" means the Illinois Health and Hazardous Substances Registry established by the Department of Public Health under Section 6 of the *Act.* (Section 3(d) of the Act)

"Work" means~~is defined as~~ duties, activities~~,~~ or tasks that produce a product or result; that are done in exchange for money, goods, services, profit, benefit~~,~~ or as a volunteer; and that are legal activities in the United States.

"Work-related injury or illness" means~~is defined as~~ an event or exposure in the work environment that caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace.

"Workplace fatality" means~~is~~ a fatality that occurs to an employee (working for pay, compensation, or profit) or volunteer (exposed to the same work hazards and performing the same duties or functions as paid employees) while engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. A work relationship exists if an event or exposure results in a fatal injury to a person~~:~~ on or off the employer's premises and the person was there to work; or if~~off the employer's premises and the person was there to work; or~~ the event or exposure was related to the person's work or status as an employee.

"Workplace nonfatal injury or illness" means~~is~~ an occupational injury resulting from a work-related event or from exposure in the work environment. Injuries or illnesses are reported if they result in lost work time; if they require medical treatment (other than first aid); or if the worker experiences loss of consciousness, restriction of work activities or motion, or is transferred to another job.

DEPARTMENT OF PUBLIC HEALTH

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(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.20 Incorporated and Referenced Materials

a) The following materials are ~~incorporated and~~ referenced in this Part:

1) State of Illinois Statutes

A) Illinois Health and Hazardous Substances Registry Act [410 ILCS 525]

B) Developmental Disability Prevention Act [410 ILCS 250]

C) Section 2310-365 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365]

D) Lead Poisoning Prevention Act [410 ILCS 45]

E) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

F) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]

G) Hospital Licensing Act [210 ILCS 85]

H) Freedom of Information Act [5 ILCS 140]

I) Part 21 of Article 8 of the Code of Civil Procedure, commonly known as the Medical Studies Act [735 ILCS 5/Art. 8, Part 21]

J) State Records Act [5 ILCS 160]

K) Vital Records Act [410 ILCS 535]

L) Environmental Protection Act [415 ILCS 5]

M) Workers' Occupational Diseases Act [820 ILCS 310]

N) Alternative Health Care Delivery Act [210 ILCS 3]

2) State of Illinois Rules:

A) Freedom of Information Code (2 Ill. Adm. Code 1126)

B) ~~Rules of~~ Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

C) Hospital Licensing Requirements (77 Ill. Adm. Code 250)

D) Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640)

E) Birth Center Demonstration Program Code (77 Ill. Adm. Code 265)

~~3) Federal Regulations~~

~~A) Protection of Identity – Research Subjects, 42 CFR 2A, pars. 4a-j, 6a-b, 7a-b1 (Revised October 1, 2004)~~

~~B) Occupational Safety and Health Standards, 29 CFR 1910.1025 (amended April 23, 1998)~~

3)~~4)~~ Federal Statutes

A) Occupational Safety and Health Act of 1970 [29 USC 15]~~, PL 91-596~~

B) The Birth Defects Prevention Act of 1998 [42 USC 201]~~, PL 105-168~~

C) Public Health Service Act~~,~~ [42 USC 247b-4]

D) Federal Atomic Energy Act of 1954 [42 USC 2011]

b) The following materials are incorporated by reference in this Part:

1) Federal Regulations

A) Protection of Identity – Research Subjects, 42 CFR 2a.4(a)-(j), 2a.6(a)-(b) and 2a.7(a)-(b)(1) (October 1, 2009)

B) Occupational Safety and Health Standards, 29 CFR 1910.1025 (July 1, 2009)

2)~~5)~~ Other Guidelines and Materials

A) International Classification of Diseases, 9th Revision Clinical Modification (1986), World Health Organization, Avenue Appia 20, 1211 Geneva ZT, Geneva, Switzerland ~~(1986)~~

B) International Classification of Diseases for Oncology (ICD-O), Third Edition (2000), World Health Organization, Avenue Appia 20, 1211 Geneva ZT, Geneva, Switzerland

C) International Classification of Diseases, 10th Revision (1992), World Health Organization, Avenue Appia 20, 1211 Geneva ZT, Geneva, Switzerland ~~(1992)~~

D) NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, 11th Edition, April 2006 (effective January 2007), North American Association for Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield~~,~~ IL~~Illinois~~ 62704

E) NAACCR Standards for Cancer Registries, Volume III, Standards for Completeness, Quality, Analysis, and Management of Data, October 2004, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield~~,~~ IL~~Illinois~~ 62704

F) NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.0, November 2005, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield~~,~~ IL~~Illinois~~ 62704

G) Current Procedural Terminology (CPT) Coding Index, 2007 Version, American Medical Association, P.O. Box 930876, Atlanta~~,~~ GA~~Georgia~~ 31193

H) National Birth Defects Prevention Network (NBDPN), Guidelines

for Conducting Birth Defects Surveillance, June 2004, Sever, LE, ed., 1600 Clifton Rd., Atlanta~~,~~ GA~~Georgia~~ 30333: ~~National Birth Defects Prevention Network, Inc., June 2004.~~

I) NAACCR/NPCR Disk 7 of Fundamentals of Registry Operations: Data Collection and Coding: Race and Ethnicity Procedures for Central Registries, May 2005, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite, C Springfield IL 62704

J) NAACCR Record Uniqueness Analysis Software Version 1.5, May 2004, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield IL 62704

K) Public Health Reporting and National Notification for Elevated Blood Lead Levels, Position Statement 09-OH-02, June 2009, Council of State and Territorial Epidemiologists, 2872 Woodcock Blvd., Atlanta GA 30341

c)~~b)~~ All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any later amendments or editions.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.30 Availability of Registry Information

a) All reports issued by the Department that are aggregated or recorded to make it impossible to identify any patient or reporting physician or facility, including the annual report, shall be made available to the public pursuant to the Department's Freedom of Information Code~~rules (2 Ill. Adm. Code 1126)~~ and the Freedom of Information Act.

b) All requests by medical or epidemiologic researchers for confidential Registry data shall~~must~~ be submitted in writing to the Department. The request shall~~must~~ include a study protocol that contains: objectives of the research; rationale for the research, including scientific literature justifying the current proposal; overall study methods, including copies of study forms, questionnaires, and consent forms used by researchers to contact facilities, physicians or study subjects; methods for documenting compliance with 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), and

2a.7(a)-(b)(1); methods for processing data; storage and security measures taken to ensure confidentiality of patient-identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); and the curriculum vitae of the principal investigator and collaborators. In addition, the research request shall~~must~~ include a copy of the current IRB approval from the researcher's institution, signed assurance forms for all parties participating in the project and a completed application for the Department's internal IRB review process.

c) All requests to conduct research and modifications to approved research proposals involving the use of data that include~~includes~~ patient- or facility- identifying information shall be subject to a review by the Department before approval to determine compliance with the following conditions:

1) The request for patient or facility-identifying information contains stated goals or objectives.

2) The request documents the feasibility of the study design in achieving the stated goals and objectives.

3) The request documents the need for the requested data or interventions to achieve the stated goals and objectives.

4) The requested data can be provided within the time frame set forth in the request.

5) The request documents that the researcher has qualifications relevant to the type of research being conducted.

~~6) The research will not duplicate other research already underway using the same registry data when both require the contact of a patient, reporting facility or physician about an individual patient involved in the previously approved concurrent research.~~

6)~~7)~~ The request includes~~Other such~~ conditions relevant to the patient's confidentiality rights and the need for the patient- or facility- identifying information. The~~ and the patient's confidentiality rights because the~~ Department will ~~only~~ release only the patient-or facility-identifying information that is necessary for the research.

7)~~8)~~ Appropriate exemptions, IRB approvals and waivers have been obtained.

8)~~9)~~ The request documents the researcher's commitment to provide updated status reports.

d) Research Agreements

1) The Department will enter into research agreements for all approved research requests. The agreement~~These agreements~~ shall specify the exact~~exactly what~~ information that is being released and how it can be used in accordance with the conditions~~standards~~ in subsection (c). In addition, the researcher shall include an assurance that:

A) Use~~use~~ of data is restricted to the specifications of the protocol;

B) Any~~any and all~~ data that may lead to the identity of any patient, research subject, physician, other person~~,~~ or hospital are~~is~~ strictly privileged and confidential. The researcher shall agree ~~and agrees~~ to keep this~~all such~~ data strictly confidential at all times;

C) All~~all~~ officers, agents and employees will keep all ~~such~~ data strictly confidential;~~,~~ will communicate the requirements of this Section to all officers, agents~~,~~ and employees;~~,~~ will discipline all persons who may violate the requirements of this Section;~~,~~ and will notify the Department in writing within 48 hours after any violation of this Section becomes known to the researcher or officers, agents and employees of the institution, including full details of the violation and corrective actions to be taken;

D) All~~all~~ data provided by the Department pursuant to the~~this~~ agreement shall~~may~~ be used only for the purposes named in the~~this~~ agreement, and ~~that~~ any other or additional use of the data will~~may~~ result in immediate termination of the~~this~~ agreement by the Department and the violation will be reported to federal authorities if HIPAA is applicable;

E) All~~all~~ data provided by the Department pursuant to the~~this~~ agreement are~~is~~ the sole property of the Department and shall~~may~~ not be copied, ~~or~~ reproduced or re-released in any form or manner. If required by the Department, the researcher shall agree ~~and~~

~~agrees~~ to return all data and all copies and reproductions~~reproduction~~ of the data to the Department upon termination of the~~this~~ agreement.

2) Any departures from the approved protocol shall~~must~~ be submitted in writing and approved by the Director in accordance with subsection (c) prior to initiation. A researcher shall not release any~~No~~ patient- or facility-identifying information ~~may be released by a researcher~~ to a third party.

e) The Department will~~shall~~ disclose individual patient or facility information to the reporting facility that originally supplied that information to the Department, upon written request of the facility.

f) The Department, by signed and reciprocating agreement, will~~may~~ disclose individual patient information concerning residents of another state to the registry in the individual's state of residence only if the recipient of the~~such~~ information is legally required to hold the~~such~~ information in confidence and provides protection from disclosure of patient-identifying information equivalent to the protection afforded by the Illinois law.

g) The patient-identifying information submitted to the Department by those entities required to submit information under the Act and this Part will~~is to~~ be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure. Therefore, this information is privileged from disclosure by Part 21 of Article 8 of the Code of Civil Procedure.

h) *The identity, or any group of facts that tends to lead to the identity,* of any facility or *of any person whose condition or treatment is submitted to the Illinois Health and Hazardous Substances Registry is confidential and shall not be open to public inspection or dissemination and is exempt from disclosure under Section 7 of the Freedom of Information Act. The following data elements, alone or in combination, are confidential, shall not be open to public inspection or dissemination, and are exempt from disclosure under Section 7 of the Freedom of Information Act: name, social security number, street address, email address, telephone number, fax number, medical record number, certificate/license number, reporting source (unless permitted by the reporting facility), age (unless aggregated for 5 or more years), ZIP code (unless aggregated for 5 or more years), and diagnosis date (unless aggregated for one or more years for the entire State or for 3 or more years for a single county).* Data defined by geographic

areas that are smaller than ZIP code, such as census tract or census block groups, are considered confidential, and the~~Such~~ information shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act. *Information*~~Information~~ *for specific research purposes may be released in accordance with procedures established by the Department* in this Section. (Section 4(d) of the Act)

i) *Hospitals, laboratories, other facilities or physicians shall not be held liable for the release of information or confidential data in accordance with* the *Act. The Department shall protect any information made confidential or privileged under law*. (Section 4(e) of the Act)

j) Every reporting facility shall provide the Department or entities authorized to represent the Department with access to information from all medical, pathological, and other pertinent records and logs related to reportable Registry~~registry~~ information in order for the Department to conduct rapid case ascertainment; death certificate clearance; patient follow-up; or any other review that is required to ensure data completeness, quality, and timeliness. The mode of access and the time during which this access will be provided shall be by mutual agreement between the facility and the Department (see Section 10 of the Act).

k) Every reporting facility shall provide access to diagnostic, treatment, follow-up and survival information for~~regarding specified~~ patients with specific medical conditions identified through Department-approved research studies involving~~or other patients specified through~~ rapid case ascertainment~~ for research studies conducted by the Department~~. The mode of access and the time during which this access will be provided shall be by mutual agreement between the facility and the Department (see Section 10 of the Act). ~~Any disputes as to access to information shall be resolved by the reporting facility in consultation with the Department within 30 days after requests for access have been denied.~~

l) The Department will release~~shall disclose~~ individual patient or facility APORS information obtained from each Regional Perinatal Network facility to the Regional Perinatal Network's Administrative Perinatal Center, upon written request of that Administrative~~particular~~ Perinatal Center's Clinical Director. The patient-and facility-identifying information released~~submitted~~ to the Perinatal Center by the Department as required under this Part shall~~is to~~ be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure and is~~, therefore,~~ privileged from further disclosure. The Administrative Perinatal Center's request for APORS data shall~~should~~ clearly indicate the purpose for

which the data will be used. The Department willshall release data only for internal quality control or medical study for the purpose of reducing morbidity or mortality, or for improving patient care. The Department willshall provide a copy of the original request and the data that are released to the hospital that originally reported thethese data.

m) The Department will release APORSshall disclose summary and statistical reports containing information that identifies individual patients or individual hospitals to the hospital that reported the patient, to the Administrative Perinatal Center with which the hospitalit is affiliated, and to the local health agency designated by the Illinois Department of Human ServicesDepartment to provide follow-up services to patients. TheSuch reports may contain information provided by the referring hospital and information provided by the follow-up agency. DataPatient and reporting facility specific data provided to the appropriate designee under this Section that are specific to the patient and reporting facility are confidential and shall not be otherwise disclosed.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.40 Administrative Hearings

All administrative hearings shall be conducted pursuant to the Department's Rules of Practice and ProcedureProcedures in Administrative Hearings. (77 Ill. Adm. Code 100)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.60 Fee Assessment

The Department willshall charge persons or organizations, other than local health departments, State agencies or other units of Statestate government, including the Illinois General Assembly and staffStaff, for requested summaries or analyses of data thatwhich are not included in any report, survey or compilation of data prepared by the Department.

a) All requests for summaries or analyses of data not included in any report, survey or compilation of data prepared by the Department shall be in writing and include a protocol thatwhich meets the requirements of Section 840.30(b) of this Part.

b) Fees shall be assessed based upon the following:

1) Cost of data processing and programming;

2) Cost of administrative and clerical processing;

3) Cost of supplies and materials, if any; and

4) Cost of postage.

c) Upon receipt of the written request, the Department will~~shall~~ estimate the amount of the fee calculated in accordance with subsection (b) and will issue a statement of fee assessment to the requestor. Payment of 50 percent of the estimated fee shall be rendered prior to initiating the project requested. All payments are nonrefundable.

d) Full payment of the final assessed fee shall be rendered upon receipt of the final statement of fee assessment and prior to receipt of the requested data.

e) Failure to submit the full assessed fee within 60 days after the receipt of the final statement of fee assessment will~~shall~~ be deemed a withdrawal of the request. The Department will~~shall~~ refuse future requests from a requestor who has not paid assessed fees.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART C: ADVERSE PREGNANCY OUTCOMES REPORTING SYSTEM

Section 840.210 Newborn Infant Case Reporting

a) Entities required to report newborn infant cases:

1) The Department requires all hospitals and birth centers licensed by the State of Illinois to report adverse pregnancy outcome information for cases identified during ~~the~~ newborn infant hospitalization or care.

2) The Department requests, but does not require, hospitals outside Illinois~~,~~ ~~except the St. Louis perinatal centers,~~ and hospitals maintained by the federal government or other governmental agencies of~~with~~ the United States~~,~~ to report adverse pregnancy outcome information identified during the newborn hospital stay of infants whose mothers were Illinois residents at the time of delivery~~concerning present or past residents of Illinois~~.~~:~~

3) The Department requires clinical laboratories licensed by the State of Illinois to report newborn infants~~newborns~~ who have positive toxicology for controlled substances ~~on a meconium test~~.

4) The Department requires all hospitals and birth centers that are members of an Illinois Perinatal Network to report adverse pregnancy outcome information for cases identified during newborn infant hospitalization or care.

b) Reporting newborn infant cases by hospitals:

~~1) Hospital units providing perinatal and neonatal care are responsible for reporting adverse pregnancy outcome cases.~~

1)~~2)~~ Every hospital shall develop procedures and policies for identifying newborn infants who meet an APORS case criterion (see Section 840.200) and shall report these newborn infants to APORS.

2)~~3)~~ When a newborn infant meets a case criterion (see Section 840.200) and is transferred to another hospital for a higher level of care, the hospital providing the highest level of care shall report the case.

3)~~4)~~ Hospitals are required to report newborn infant cases in the format~~on forms~~ provided by the Department.

A) Hospitals shall~~must~~ use the Department's format for APORS reports and shall report the following information:~~paper form (Infant Discharge Record).~~

i) Reporting hospital four-digit facility identification number, name and city and state if not Illinois;

ii) Delivery hospital four-digit facility identification number, name and city and state if not Illinois; for births that do not occur in a hospital, the location should be provided by address or by description;

iii) Infant's patient identification number;

iv) Date the infant was admitted to the reporting hospital;

v) Infant's date of birth;

vi) Infant's discharge date from the reporting hospital;

vii) Infant's four-digit facility identification number and first and last name;

viii) Other names by which the infant may be known;

ix) Infant's sex;

x) Infant's race;

xi) Infant's ethnicity;

xii) Whether the infant was admitted to the Intensive Care Unit;

xiii) Whether the infant was exposed to drugs prenatally and, if applicable, what type;

xiv) Birth mother's hepatitis B status;

xv) Dates infant's hepatitis B immunizations were provided, if applicable;

xvi) Infant's gestational age at delivery in whole weeks;

xvii) Infant's birth weight in grams;

xviii) Infant's birth order;

xix) Pregnancy plurality;

xx) Infant's diagnoses made prior to the newborn discharge;

xxi) Birth mother's first and last name;

xxii) Birth mother's maiden name;

xxiii) Birth mother's address at delivery, including number, direction, street name, type of street, apartment number, city, state and ZIP code;

xxiv) Birth mother's county of residence at delivery;

xxv) Birth mother's medical record number;

xxvi) Birth mother's social security number;

xxvii) Birth mother's date of birth;

xxviii) Birth mother's telephone number, including the area code;

xxix) Father's first and last name;

xxx) Number of the birth mother's pregnancies, including the pregnancy resulting in this infant;

xxxi) Number of pregnancies that produced: full-term infants, premature infants, abortions (spontaneous and induced), currently living children;

xxxii) Infant's status on discharge: deceased, going home with parents or other family member, transferring to another hospital, transferring to a long-term care facility, being adopted, going to foster care, or in Department of Children and Family Services (DCFS) custody;

xxxiii) Name, city and four-digit facility identification number of facility to which child was discharged, if applicable;

xxxiv) Name and address of the person to whom the infant was discharged if the infant did not go home with the birth mother;

xxxv) Delivery type, either vaginal or caesarean section;

xxxvi) Feeding type, either breast, bottle or tube;

xxxvii) If applicable, formula type, frequency and amount;

xxxviii) Infant's discharge weight in grams;

xxxix) Infant's head circumference, in centimeters, at the time of birth;

xl) Infant's length, in centimeters, from crown to heel at the time of birth;

xli) Treatments prescribed for the infant at discharge;

xlii) Medication name, dosage and route of administration prescribed for the infant at discharge;

xliii) Other health, social and developmental concerns;

xliv) Name and telephone number (including area code) of registered nurse who can be contacted by the public health nurse making home visits to the infant;

xlv) Name, address and telephone number (including area code) of a relative, friend or other person who would know how to contact the infant's parents and the relationship of that person to the birth parents;

xlvi) Whether the infant's family has been informed that a local public health nurse will contact them to offer follow-up services in their home after the infant is discharged from the hospital;

xlvii) Name and the four-digit identification code of the local health agency that serves families in the county or city where the infant will be located;

xlviii) Indication of whether the infant or the infant's family is receiving services from a community social service agency, Division of Specialized Care For Children (DSCC), DCFS, or other agency;

xlix) Name of the infant's primary care physician;

l) Name and title of the person providing the information;

li) Date the report is completed.

~~B) When the Department provides an electronic system for hospitals to report birth related data, including APORS information, hospitals shall use the electronic system rather than the form referred to in subsection (b)(4)(A). If a hospital is technically unable to make electronic reports, it may submit case reports on a paper form provided by the Department.~~

B)~~C)~~ The Department will provide the hospitals with written instructions for completing an APORS report.

4)~~5)~~ Hospitals are required to fully complete all sections of the report~~form~~ and to send the report to the Department within seven days after the newborn infant's discharge or death.

5)~~6)~~ When hospital-submitted reports are incomplete, the Department will contact the hospital within 30 days after receiving the report. The hospital shall supply the missing information to the Department within 30 days after receiving the request.~~returns incomplete forms, hospitals shall supply the missing information and return the form to the Department within 60 days.~~

6) When a newborn infant is discharged, the hospital shall notify the infant's parents or legal guardian that the infant was reported to the Department and that the infant will be referred to health agencies for services.

7) Hospitals shall provide the parents or legal guardian with materials provided by DHS that explain the follow-up services that will be offered to the family.

8) Hospitals shall provide copies of the report submitted to the Department to the parents or legal guardian if requested. All other requests for copies shall be denied.

9)~~7)~~ Hospitals shall distribute the original report and three copies in the

following manner:

A) The original report ~~form~~ shall be sent to the Department's Division of Epidemiologic Studies, 535~~605~~ West Jefferson, 3rd Floor, Springfield, Illinois 62761;

B) One copy shall be sent to the local health department or health agency in the county where the infant resides so that the infant's family can be offered follow-up public health services~~infant is referred for services provided by the High-risk Follow-up Program (77 Ill. Adm. Code 640.100);~~

C) One copy shall be sent to the infant's~~newborn's~~ primary care physician; and

D) One copy shall be retained by the reporting hospital.

c) Reporting newborn infant cases by clinical laboratories:

1) Clinical laboratories are required to develop procedures and policies to report newborn infant cases of positive toxicology for controlled substances. Negative results are not reported to the Department.

2) Clinical laboratories are required to submit~~send~~:

A) Infant's~~The infant's~~ name (first and last);

B) Infant's date of birth;

C) Residential address, including street address, city, county, state and ZIP~~postal~~ code;

D) Unique identification number assigned by the submitting facility;

E) Name of the facility submitting the test;

F) Address of the facility submitting~~that submitted~~ the test;

G) Test results, including the type of controlled substance found ~~in the meconium~~; and

H) Date of the test.~~;~~

~~I) Date of the laboratory results.~~

3) The clinical laboratory shall send the test results ~~are to be sent~~ to the Department within seven days after the laboratory completes testing~~results~~.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.220 Birth Defect Surveillance of Young Children

a) Facilities required to provide data:

1) Hospitals;

2) Prenatal and obstetric centers;

3) Specialty health clinics that treat or provide services to children with birth defects;

4) Genetics centers;

5) Laboratories, including cytogenetic, prenatal diagnostic and metabolic; and

6) Physicians who provide prenatal or pediatric care or treat young children ~~who have been discharged~~ with a birth defect diagnosis.

b) Provision of data by hospitals:

1) All hospitals licensed by the State of Illinois shall provide to the APORS program reports of children up to two years of age who have been ~~diagnosed with a birth defect and~~ discharged from that hospital with a birth defect diagnosis.

A) Hospitals with perinatal designation levels of III, II with extended neonatal capabilities, and II (see Section 640.40 of the Regionalized Perinatal Health Care Code~~, 77 Ill. Adm. Code~~

~~640.40~~) shall provide quarterly reports to the Department. The hospitals shall generate electronic reports from computerized hospital discharge data sets. The electronic reports shall~~must~~ be in the standard format required by the Department.

B) Hospitals with a perinatal designation level of I (see Section 640.40 of the Regionalized Perinatal Health Care Code~~, 77 Ill. Adm. Code 640.40~~) shall provide annual reports to the Department. The hospitals shall generate electronic reports from computerized hospital discharge data sets. The electronic reports shall~~must~~ be in the standard format required by the Department. If a hospital is technically unable to generate an electronic report, a paper report will be acceptable.

C) Children's hospitals shall provide quarterly reports to the Department. The hospitals shall generate electronic reports from computerized hospital discharge data sets. The electronic reports shall~~must~~ be in the standard format required by the Department.

c) Provision of data by cytogenetic laboratories and genetic~~prenatal diagnostic~~ clinics:

1) All cytogenetic laboratories and genetic~~prenatal diagnostic~~ clinics shall report abnormal cytogenetic test results for prenatal and postnatal testing.~~birth defect diagnoses of genetic origin to the Department.~~ Negative results or normal results are not reported to the Department.

2) The cytogenetic laboratories and prenatal diagnostic clinics shall submit~~send~~:

A) Patient's name~~Mother's name~~ (first and last);

B) Date of birth;

C) Residential address, if available, including street address, city, county, state and postal code;

D) Unique identification number assigned by the submitting facility or physician;

E) Name of the facility or physician submitting the test;

F) Address of the facility or physician submitting the test;

G) Test results; and

H) Date of the test.~~; and~~

~~I) Date of the laboratory results.~~

3) The test results shall be sent to the Department within seven days after the testing is complete~~laboratory results~~.

d) Provision of data by other medical facilities:

1) Prenatal and obstetric centers; specialty health clinics that treat or provide services to children with birth defects; genetics centers; laboratories, including cytogenetic, prenatal diagnostic and metabolic; and physicians who provide prenatal or pediatric care or treat young children who have birth defects shall provide data about prenatally diagnosed birth defects and birth defects in young children up to two years of age.

2) Upon the request of the Department, the facilities listed in subsections (a)(2)-(6) shall provide birth defects surveillance information to the Department.

e) Availability of information for birth defect surveillance of young children:

1) All facilities~~hospitals~~ listed in subsection (a)~~Section 840.220(b)~~ shall make medical records of mothers and children having a birth defect diagnosis or a risk factor for a birth defect available to the Department. The medical records will be reviewed by APORS staff to ascertain birth defect cases and collect pertinent data.

2) The facilities shall make electronic medical records of children having a birth defect diagnosis or a risk factor for a birth defect available to the Department through remote computer access.~~The facilities shall make medical records of the affected mothers and children available to the Department. The medical records will be reviewed by APORS staff to ascertain birth defect cases and collect pertinent data.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.230 Referral of APORS Cases

Based on information reported pursuant to Section 840.210, infants diagnosed with the following conditions shall be referred for follow-up services and public health surveillance:

a) APORS staff will report infants diagnosed with the following craniofacial anomalies to the Department's Division of Oral Health, Craniofacial Anomaly Program, for referral to follow-up medical services:

1) Cleft lip;

3) Cleft palate; and

3) Cleft palate with cleft lip.

b) Hospitals shall refer all infants meeting APORS reporting criteria (see Section 840.200) to the local health department or health agency in the county where the infant resides for services. The services provided by the local health department or health agency are not mandatory, and parents or legal guardians of the infant may decline follow-up services.

c) APORS staff will refer infants diagnosed with selected conditions to DSCC. DSCC will determine these conditions in consultation with APORS. Referrals will be made at an interval and in a format that is agreed upon by APORS and DSCC. The services offered by DSCC are not mandatory, and parents or legal guardians of the infant may decline follow-up services. The conditions will include, but are not limited to:

1) Newborn metabolic disorders;

2) Severe retinopathy of prematurity;

3) Spina bifida;

4) Congenital hydrocephalus;

5) Cataracts;

6) Ear defects causing hearing impairment;

7) Transposition of the great vessels;

8) Tetralogy of Fallot;

9) Ventricular septal defects;

10) Heart valve atresia or stenosis;

11) Cleft lip or palate;

12) Clubfoot; and

13) Limb reduction defects.

d) APORS staff will refer infants diagnosed with selected conditions to the DHS Early Intervention Program. The Early Intervention Program will determine these conditions in consultation with APORS. Referrals will be made at an interval and in a format that is agreed upon by APORS and the Early Intervention Program. The services provided (or offered) by the Early Intervention Program are not mandatory, and parents or legal guardians of the infant may decline follow-up services. The conditions will include, but are not limited to:

1) Newborn metabolic disorders;

2) Retinopathy of prematurity;

3) Spina bifida;

4) Congenital hydrocephalus;

5) Brain anomalies;

6) Microphthalmos;

7) Cataract;

8) Cleft lip or palate; and

9) Trisomy 13, 18 or 21.

e) APORS staff will refer infants diagnosed with the following congenital infections to the Department's Division of Infectious Diseases within seven days after the information is entered into the APORS data system:

1) Prenatal exposure to syphilis or a diagnosis of congenital syphilis;

2) Prenatal exposure to hepatitis B;

3) Prenatal exposure to chlamydia or a diagnosis of a chlamydial infection;

4) Prenatal exposure to herpes or a diagnosis of congenital herpes; or

5) Gonococcal conjunctivitis (neonatorum).

(Source: Added at 36 Ill. Reg. _____, effective _____)

SUBPART D: OCCUPATIONAL DISEASE REGISTRY

Section 840.300 Entities Required to Submit Information

a) The Department requires the following facilities to report ~~the case's~~ occupational disease incidence information:

1) Clinical laboratories and hospital laboratories registered, permitted or licensed by the State of Illinois ~~and hospital laboratories~~ for ~~the~~ blood lead level testing and data collection. Clinical laboratories are required to submit:

A) Date of report, including month, day and year the report is completed, in the format mo/day/year, using two digits for month and day and four digits for year;

B) Last name of the case;

C) First name of the case;

D) Middle initial of the case;

E) Maiden name of the case, if applicable;

F) Complete address where the case resides on a permanent basis (refers to domicile, i.e., the address from which the case may lawfully register to vote if proper age is attained), including number, direction, street name, apartment number, type of street, city, state and ZIP code;

G) County where the case currently resides;

H) Telephone number of the case, including area code;

I) Date of birth of the case, using two digits for the month, two digits for the day and four digits for the year;

J) Gender: the appropriate number for the gender of the case, if available, as 1=male, 2=female, 3=other (includes persons with both male and female reproductive organs and persons who have undergone sex change) or 9=unknown;

K) Social security number of the case;

L) Name of submitting party, including the name of the person, industry, physician, hospital, laboratory, clinic or other facility submitting the blood lead sample to the laboratory to be analyzed;

M) Title, if applicable, of the person submitting the blood lead sample to the laboratory to be analyzed;

N) Telephone number of the submitting party (area code and seven digit number);

O) Submitting party type: as either physician, industry (employer), hospital, laboratory (private or public), clinic or other (e.g., nurse, other health care professional, judge);

P) Testing facility name: name of the laboratory analyzing the blood lead sample;

Q) Testing facility address: address of the laboratory analyzing the blood lead sample, including number, street name, direction and type of street, city, state and ZIP code;

R) Testing facility phone number, including area code;

S) Test results: blood lead level of the sample in micrograms per deciliter (mcg/dL);

T) Date of sample collection, using two digits for month and day and four digits for year;

U) Date of sample receipt by the laboratory, using two digits for month and day and four digits for year;

V) Date of sample analysis by the laboratory, using two digits for month and day and four digits for year;

W) Specimen type provided to the laboratory, as either venous, capillary or unknown;

X) Methodology used to analyze the blood lead sample, as either delves cup, extraction-atomic absorption spectrometry, carbon rod-atomic absorption spectrometry, graphite furnace-atomic absorption spectrometry, anodic stripping voltammetry, hematofluorometry or other.

2) Local health authorities and other facilities for ~~the~~ blood lead level testing and data collection shall be required to provide information on cases of elevated blood lead levels as contracted by or upon request of the Department.

3) Physicians' offices or clinics shall be required to provide information on cases of elevated blood lead levels upon request of the Department.

b) The Department requests that clinical or hospital laboratories maintained by the federal government or other facilities within the United States report all incidence of the occupational disease being collected from the~~its~~ facility or from other data base sources to the Department. An agreement will be established between the Department and the~~said~~ facility for the purpose of collecting data on Illinois

residents known to have the specified occupational disease determined by the Department to be reported or collected for the Registry~~registry~~. These facilities, hospitals or clinical laboratories~~,~~ include all those out-of-state certified by the Department or by the Occupational~~,~~ Safety and Health Administration (OSHA) to conduct elevated blood lead levels.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.305 Information Required to be Reported

a) The Occupational Disease Registry shall consist of information on the following occupational disease incidences:

1) Elevated blood lead levels (lead poisoning);

2) Workplace fatalities;

3) Workplace nonfatal injuries and illnesses; and

4) Other specific illnesses such as asbestosis, silicosis~~,~~ and coal worker's pneumoconiosis.

b) Information on~~of~~ the occupational disease incidences shall be collected in four ways.

1) Information concerning elevated blood lead levels (lead poisoning) shall be reported to the Department by the facilities specified in Section 840.300 of this Part.

A) The Department will follow up with attending physicians or patients/cases or will contract with the local health authorities that agree to conduct interviews with patients/cases, or attending physicians as needed, to assure the accuracy and completeness of reports. The Department or contracted local health authority ~~and~~ will perform the activities or case follow-up for elevated blood lead levels equal to or in excess of 10~~25~~ mcg/dl set forth in subsection (b)(1)(B).

B) The agreement with local health authorities~~This agreement~~ will contain requirements for the performance of the following

activities or patient follow-up:

i) Trace~~trace~~ the patient or case;~~,~~

ii) Counsel~~counsel~~ the patient or case;~~,~~

iii) Educate~~educate~~ the patient or case;~~,~~

iv) Interview~~interview~~ the patient or case for purposes of collecting, verifying or completing the information identified in subsection (b)(1) of this Section;~~,~~ and

v) Submit~~submit~~ completed reports to the Department within 30 business days after receipt of the laboratory report for adult elevated blood lead analysis ~~form~~.

2) Information concerning fatal occupational injuries and illnesses shall be collected from various reporting sources, including, but not limited to, death certificates, newspaper clipping services, OSHA~~Occupational Safety and Health Administration~~ reports and coroner's reports.

3) Information concerning nonfatal occupational injuries and illnesses shall be collected using the U.S. Department of Labor, Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses, an annual sample survey of Illinois companies and governmental units.

4) Information concerning specific illnesses shall be collected from existing data sources such as the hospital discharge database or medical records.

c) Reports of elevated blood lead levels shall be reported by facilities to~~The information to be reported shall be provided upon forms supplied by~~ the Department by manual submission (paper) or by electronic submission. ~~The facility shall abstract information for the occupational disease case's record onto the standard forms supplied by the Department. (See Appendix C.) The information required in this Section does not apply to data supplied through existing data base sources.~~

d) All completed elevated blood lead level submissions~~forms~~ are to be mailed to the Illinois Department of Public Health, Division of Epidemiologic Studies, Occupational Disease Registry, 535~~605~~ West Jefferson Street, 3rd floor,

Springfield, Illinois 62761 or submitted electronically.

e) Each case's elevated blood lead level~~occupational disease~~ incidence report ~~form~~ shall be sent/submitted to the Department within seven days after the date of laboratory results. A local health authority or other facility shall submit all~~All~~ data received from a registered, permitted or licensed clinical laboratory or hospital laboratory ~~sent to a local health authority in Illinois or other facility shall be submitted~~ to the Department within three business days after the date the data are received~~it is received by the local health authority or other facility~~.

f) Every hospital, clinical or hospital laboratory, or other facility shall provide representatives of the Department with access to information including specified occupational disease cases or other cases specified for research studies related to occupational disease prevention and control. The Department will conduct studies of all medical, pathological, or other pertinent records and logs related to occupational disease incidence.

g) Every hospital, clinical or hospital laboratory, or other facility shall provide the Department representatives with the patient's name and attending physician's name for the purpose~~purposes~~ of follow-up on all laboratory and existing data base reports received by the Department.

h) The mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital, other reporting facilities and the Department. The Department will~~shall~~ not require hospitals and other reporting facilities to provide information on cases that are dated more than two years before the Department's request for further information. ~~Any disputes regarding access shall be resolved by the hospital and the Department within 30 days after requests for access have been denied.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 840.310 Methods of Reporting Occupational Disease

a) All registered, permitted, or licensed hospital laboratories, clinical laboratories, local health authorities or other facilities shall provide the Department with information on elevated blood lead level cases within seven~~7~~ business days after~~of~~ receipt of the results.

b) Physicians' offices shall provide the Department with information on elevated blood lead level cases upon request of the Department or local health department.

c)~~b)~~ Any person, clinical or hospital laboratory, hospital, or other facility required to report to the Department the ~~specified~~ occupational diseases specified in this Section, shall use the ~~terminology the Department has established. Otherwise, the~~ following terminology to indicate~~shall be interpreted as indicating~~ a reportable occupational disease:

1) Probable;

2) Consistent with;

3) Compatible with;

4) Suspected;

5) Extension or invasion "to", "onto", "into", "out onto".~~'to', 'onto', 'into', 'out onto'.~~

d)~~c)~~ If the following terminology would be~~is~~ used to report an occupational disease specified by the Department to be collected and submitted ~~on forms in Appendix C~~, the disease~~it~~ shall be interpreted as ~~being of a nature that is~~ not being necessary for reporting to the Department:

1) Questionable;

2) Possible;

3) Suggests;

4) Equivocal;

5) Rule out;

6) Very close to;

7) Worrisome.

e)~~d)~~ Determination of whether ~~or not~~ a given condition is reportable shall be made by

the use of the International Classification of Diseases – 9th Revision – Clinical Modification (ICD-9-CM) codes.

f)~~e)~~ The specified diagnoses~~diagnosis~~ of occupationally related diseases that~~which~~ shall be collected from existing IDPH databases~~sources data base are~~:

1) Asbestosis, ICD-9-CM code 501;

2) Coal Worker's Pneumoconiosis, ICD-9-CM code 500;

3) Lead Poisoning - (Elevated Blood Lead Level), ICD-9-CM code 984.0 - 984.9; and

4) Silicosis, ICD-9-CM code 502.

g)~~f)~~ All existing IDPH databases will~~reporting sources data base provided to the Department shall~~ use the~~these~~ ICD-9-CM codes specified in subsection (f) for ~~the purpose in~~ consistency of data collection.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 840.APPENDIX C Forms and Instructions for Occupational Disease Registry (Repealed)

Section 840.EXHIBIT A Instructions for completing The Laboratory Based Report of Adult Blood Lead Analysis (Repealed)

~~The Adult Elevated Blood Lead Analysis form should be completed for all blood lead test with concentrations 25 mcg/dl or greater on all persons 16 years of age and older. All laboratories in Illinois certified by the Illinois Department of Public Health and Occupational Safety and Health Administration (OSHA) to conduct a blood lead analysis are required to complete the Adult Elevated Blood Lead Analysis form.~~

~~1. THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH CASE NUMBER: The case number will be completed by the Illinois Department of Public Health.~~

~~2. DATE OR REPORT: Enter the month, day and year the form is being completed. Use two digits, e.g., 08/03 for month and date. For example, use four digits for year 1989.~~

~~CASE DATA~~

~~3. Complete the following information on the case's complete name (if unknown enter slashes in the space provided):~~

- ~~LAST NAME: Enter the case's complete last name.~~
- ~~FIRST NAME: Enter the case's complete first name.~~
- ~~MIDDLE INITIAL: Enter the case's middle initial.~~
- ~~MAIDEN NAME: If applicable, enter the case's complete maiden name.~~

~~ADDRESS OF CASE: If information is available, complete the following elements on the form. Slashes should be entered in the space provided if unknown. All elements refer to domicile, i.e., the address from which the case may lawfully register to vote if proper age is attained.~~

- ~~NUMBER: Enter the number of case's current street address.~~
- ~~DIRECTION: Enter the direction which appears in the case's current street address, e.g. North, West.~~

- ~~STREET NAME: Enter the name of the case's current street address.~~

- ~~APARTMENT NUMBER: If applicable, enter the apartment number of the case's domiciled address.~~

- ~~TYPE: Enter the applicable type of street address, e.g. avenue, street, boulevard.~~

- ~~CITY: Enter the complete name of the city in which the case currently is domiciled.~~

- ~~STATE: Enter the state where the case currently is domiciled. Use the standard two digit abbreviations.~~

- ~~ZIP CODE: Enter the five digit zip code where the case currently is domiciled.~~

4. ~~COUNTY: Enter the complete name of the county where the case currently is domiciled.~~

   ~~CODE: The Illinois Department of Public Health will complete the code.~~

5. ~~TELEPHONE NUMBER: If available, enter the case's telephone number (area code and seven digit number). If unknown, enter slashes in boxes provided.~~

6. ~~DATE OF BIRTH: If available, enter the data of birth for the case. Use two digits for the month and the date. Use four digits for the year. If unknown, enter slashes in boxes provided.~~

7. ~~SEX: If available, enter the appropriate number for the sex of case in the box provided. Record 1 for a male, 2 for a female, 3 for other (includes hermaphrodites and instances of definitive sex change) and a 9 for unknown.~~

~~SUBMITTING PARTY DATA~~

8. ~~NAME: Enter the name of the person, industry, physician, hospital, laboratory, clinic or other submitting the elevated blood lead sample to the laboratory to be analyzed.~~

~~TITLE: Enter the title if applicable of person submitting the elevated blood lead sample to the laboratory to be analyzed.~~

~~9. TELEPHONE NUMBER: Enter the telephone number of the submitting party (area code and seven digit number).~~

~~10. TYPE: Enter the type of party submitting the sample in the box provided. If a physician submits the elevated blood lead sample indicate by marking 1 in box. For industry mark 2 in box; for a hospital mark 3 in box; for a laboratory (private or public) mark 4 in box; for a clinic mark 5 in box; for other, e.g., nurse, other health care professional, judge; mark 6 in box and specify on the line provided.~~

~~TESTING FACILITY DATA~~

~~11. NAME OF LABORATORY: Enter the name of the laboratory analyzing the blood lead sample. The laboratory code number will be completed by the Illinois Department of Public Health.~~

~~12. ADDRESS: Enter the address of the laboratory analyzing the blood lead sample including street number, direction and name.~~

~~CITY: Enter the complete name of the city of laboratory analyzing the blood lead sample.~~

~~STATE: Enter the two digit abbreviation of the state of the laboratory analyzing the blood lead sample.~~

~~ZIP CODE: Enter the five digit zip code of the laboratory analyzing the blood lead sample.~~

~~13. LABORATORY TELEPHONE NUMBER: Enter the telephone number of the laboratory analyzing the blood lead sample.~~

~~14. TEST RESULTS: Enter the blood lead level of the sample in micrograms per deciliter (mcg/dl).~~

~~15. DATE SAMPLE COLLECTED: Enter the month, day and year the blood lead sample was collected, e.g., 08/03/1989. Use two digits for month and day. Use four digits for the year.~~

~~16. DATE SAMPLE RECEIVED: Enter the month, day and year the blood lead sample was received by the laboratory, e.g., 08/03/1989. Use two digits for month and day. Use four digits for the year.~~

~~17. DATE SAMPLE ANALYZED: Enter the month, day and year the blood lead sample was analyzed by the laboratory, e.g., 08/03/1989. Use two digits for month and day. Use four digits for the year.~~

~~18. SPECIMEN TYPE: Enter a l in the box provided if the specimen type is venous; and 2 if capillary and a 9 if unknown.~~

~~19. METHODOLOGY: Enter appropriate methodology used. Enter a 1 in the box for delves cup; a 2 for extraction AAS; a 3 for carbon rod AAS; a 4 for graphite furnace AAS; a 5 for anodic stripping voltammetry; a 6 for hematoflourometry; a 7 for other methodology used and specify on the line provided.~~

~~On the line provided on the form, the signature of the person (first & last name), completing the form should be affixed. Enter the title of the person completing the form. Enter the date the completed form is mailed.~~

~~Mail completed report within 7 business days to:~~

~~Illinois Department of Public Health~~
~~Division of Epidemiologic Studies~~
~~Occupational Disease Registry~~
~~605 West Jefferson Street~~
~~Springfield, IL 62761~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 840.APPENDIX C Forms and Instructions for Occupational Disease Registry (Repealed)

Section 840.EXHIBIT B Instructions for completing the Health Department Follow-up Report of Adult Blood Lead Level Analysis For Results of 25 mcg/dl and Above (Local Health Authorities will use this form) (Repealed)

~~The follow-up form should be completed for all persons 16 years of age and older having had a blood lead test done and analyzed at 25 mcg/d1 or higher. Information from this form will be matched with the laboratory report of adult elevated blood lead level analysis form.~~

~~1. ILLINOIS DEPARTMENT OF PUBLIC HEALTH CASE NUMBER: The case number will be completed by the Illinois Department of Public Health.~~

~~2. DATE OF REPORT: Enter the month, day and year the form is being completed, e.g., 08/03/1989. Use two digits for month and date and four digits for the year.~~

~~3. HEALTH DEPARTMENT FOLLOW-UP: If not already computer printed, enter the name of the health department completing the report, e.g., Cook County Health Department.~~

~~CASE DATA~~

~~4. NAME: Information for the case name will be extracted from the Laboratory Based Report of Adult Blood Lead Analysis form. The health department conducting the follow-up activities should verify, correct or complete the information at the time of the case interview.~~

- ~~LAST NAME: Enter the complete last name of the case.~~
- ~~FIRST NAME: Enter the complete first name of the case.~~
- ~~MIDDLE INITIAL: Enter the middle initial of the case.~~
- ~~MAIDEN NAME: If applicable, enter the maiden name of the case.~~

~~ADDRESS: Information for the case address will be extracted from the Laboratory Based Report of Adult Blood Lead Analysis form. The health department conducting the follow-up activities should verify, correct, or complete the information at the time of the case interview. All elements refer to domicile, i.e., the address from which the case may~~

~~lawfully register vote if proper age is attained.~~

- ~~NUMBER: Enter the number of case's current street address.~~
- ~~DIRECTION: Enter the direction which appears in the case's current street address, e.g., North, West.~~
- ~~STREET NAME: Enter the name of the case's current street address.~~
- ~~APARTMENT NUMBER: If applicable, enter the apartment number of the case's current address.~~
- ~~TYPE: Enter the applicable type of street address, e.g. avenue, street, boulevard.~~
- ~~LOCATION: If applicable, enter the location of the street address, e.g., N.E., N.W.~~
- ~~CITY: Enter the complete name of the city where the case currently is domiciled.~~
- ~~STATE: Enter the two digit state abbreviation where the case currently is domiciled.~~
- ~~ZIP CODE: Enter the five digit zip code where the case's currently domiciled address applies.~~
- ~~COUNTY NAME AND CODE: Enter the name of county where the case is domiciled. The Illinois Department of Public Health will enter the county code of the case's current address.~~

~~PERSONAL DATA~~

~~5. PHONE NUMBER: Enter the case's telephone number (area code and seven digit number). Enter slashes if unknown.~~

~~6. SOCIAL SECURITY NUMBER: Enter the case's nine digit social security number. If unknown, enter slashes in the boxes provided.~~

~~7. DATE OF BIRTH: Enter the case's month, day and year of birth, e.g., 08/03/1989. Use 2 digits for month & date and 4 digits for year.~~

~~8. SEX: Enter the case's sex in the box. Mark 1 if male, 2 if female, and 3 if other (includes hermaphrodites and instances of definitive sex changes), and 9 if unknown.~~

~~9. RACE: Enter the case's race in the box. Mark 1 if White, 2 if Black, 3 if Asian American/Pacific Islander, 4 if American Indian/Alaskan Native, 5 if other and identify what type on the line provided and box 9 if unknown.~~

~~Black is defined as a person having origins in any of the black racial groups of the original people of Africa, and is not of Hispanic origin.~~

~~Asian American or Pacific Islander is defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, i.e., China, Korea, the Philippine Islands or Samoa.~~

~~American Indian or Alaskan Native is defined as a person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community organization.~~

~~White is defined as a person who is considered to be Caucasian.~~

~~10. HISPANIC ORIGIN: Hispanic is not considered a race. It is an ethnicity. Enter the appropriate number in the box identifying whether or not case is Hispanic. Mark 1 for yes, if yes, specify ancestry on line provided, mark 2 for no, and mark 9 for unknown. Hispanic Origin includes all Mexican, Puerto Rican, Cuban, South or Central America, and other Spanish people. Brazilians and Portuguese are not considered of Hispanic origin.~~

~~11. NUMBER OF CHILDREN UNDER 16 YEARS OF AGE LIVING IN THE CASE'S HOUSEHOLD: Enter the appropriate number of children living in the case's household in the box provided.~~

~~12. CASE OR OTHER IN HOUSEHOLD PREGNANT AT TIME OF DIAGNOSIS: If the case or other in household is pregnant at the time the elevated blood level sample is taken indicate by entering a 0 for not appropriate (N/A), 1 for yes, if not pregnant enter a 2 for no, or if unknown enter a 9.~~

~~13. TRIMESTER OF PREGNANCY: If the case or other in household is pregnant at the time the elevated blood level sample is drawn enter the trimester by marking 1 for first, 2 for second, 3 for third. If not applicable, enter 0.~~

~~CASE OCCUPATION DATA~~

~~14. OCCUPATION: Enter the type of occupation which the case is currently or most recently employed. The Illinois Department of Public Health will complete the code.~~

~~15. INDUSTRY: Enter the type of industry which the case is currently or most recently employed. The Illinois Department of Public Health will complete the code.~~

~~16. IF CASE OR OTHER IN HOUSEHOLD PREGNANT, LIST CASE'S OCCUPATION DURING: (If applicable)~~

- ~~Prior to 3 months: Enter type of occupation case held 3 months before pregnancy. The Illinois Department of Public Health will complete the code.~~
- ~~1st Trimester: Enter the type of occupation case held at 1st trimester of pregnancy. The Illinois Department of Public Health will complete the code.~~
- ~~2nd Trimester: Enter the type of occupation case held at 2nd trimester of pregnancy. The Illinois Department of Public Health will complete the code.~~
- ~~3rd Trimester: Enter the type of occupation case held at 3rd trimester of pregnancy. The Illinois Department of Public Health will complete code.~~

~~17. CASE REMOVED FROM WORK ENVIRONMENT: Enter 1 for yes - case was removed from work environment or 2 for no - case was not removed from work environment. Enter 9 if it is unknown whether case was removed from work environment.~~

~~CASE EMPLOYER DATA~~

~~18. COMPANY NAME: Enter the name of the case's current or most recent employer at the time the blood test was drawn. The Illinois Department of Public Health will complete the code.~~

~~EMPLOYER'S ADDRESS (The work site of the case):~~

- ~~NUMBER: Enter the number and direction of the case's current or most recent employer.~~
- ~~STREET NAME: Enter the street name of the case's current or most recent~~

~~employer.~~

- ~~CITY: Enter the complete name of the city of the case's current or most recent employer.~~
- ~~STATE: Enter the two letter abbreviation of the state (see attached list) of the case's current or most recent employer.~~
- ~~ZIP CODE: Enter the five digit zip code of the case's current or most recent employer.~~
- ~~COUNTY NAME AND CODE: Enter the county name of the case's current or most recent employer. Illinois Department of Public Health will complete the county codes.~~

~~19. EMPLOYER'S PHONE NUMBER: Enter the telephone number of the case's current or most recent employer (includes area code and seven digits).~~

~~SIGNATURE LINE: Enter the name (first and last) of the person completing the report. Enter the title of the person completing the report. Record on the line provided the date the completed report is mailed.~~

~~Mail completed form within 30 business days after receipt of the Adult Elevated Blood Lead Report to:~~

~~Illinois Department of Public Health~~
~~Division of Epidemiologic Studies~~
~~Occupational Disease Registry~~
~~605 W. Jefferson Street~~
~~Springfield, IL 62761~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 840.APPENDIX C Forms and Instructions for Occupational Disease Registry (Repealed)

Section 840.ILLUSTRATION A Health Department Laboratory Report of Adult Elevated Blood Lead Analysis 25 mcg/dl and Above (Repealed)

~~LABORATORY REPORT OF ADULT~~
~~ELEVATED BLOOD LEVEL ANALYSIS 25 mcg/dl AND ABOVE~~
~~(Please PRINT Firmly)~~

~~1.~~ ☐ ~~IDPH Case Number~~ ~~2. Reporting Date~~ ☐☐ ☐☐

~~CASE DATA~~

~~3. Name~~

~~Last Name~~ ~~First Name~~

~~Maiden (If Applicable)~~

~~Number~~ ~~Dir~~ ~~Street Name~~ ~~Apt~~ ~~Type~~ ~~Loc~~

~~City~~ ~~State~~ ~~Zip Code~~

~~4. County Name~~ ~~County Code~~ ☐☐☐

~~5. Phone Number~~ ☐☐☐-☐☐☐-☐☐☐☐

~~6. Date of Birth~~ ☐☐-☐☐-☐☐☐☐

~~7. Sex~~ ☐
~~1. Male~~
~~2. Female~~
~~3. Other~~
~~4. Unknown~~

~~FOR IDPH USE ONLY~~
~~Follow-up LHO~~ ☐☐☐
~~Occupation~~ ☐☐☐
~~Industry~~ ☐☐☐

~~SUBMITTING PARTY DATA~~

~~8. Name~~

~~Title~~

~~9. Phone Number~~ ☐☐☐-☐☐☐-☐☐☐☐

~~10. Type:~~ ☐
~~1. Physician~~ ~~4. Lab~~
~~2. Industry~~ ~~5. Clinic~~
~~3. Hospital~~ ~~6. Other~~ _____

~~MAIL TO:~~
~~ILLINOIS DEPARTMENT OF PUBLIC HEALTH~~
~~OCCUPATIONAL DISEASE REGISTRY~~
~~605 WEST JEFFERSON STREET~~

~~TESTING FACILITY DATA~~

~~11. Laboratory Name~~ ☐☐☐☐☐☐

~~12. Address~~

~~City~~ ~~State~~ ~~Zip Code~~

~~13. Laboratory Telephone Number~~ ☐☐☐-☐☐☐-☐☐☐☐

~~14. Test Results~~ ☐☐☐ ~~mcg/dl~~

~~15. Date Sample Collected~~ ☐☐-☐☐-☐☐☐☐

~~16. Date Sample Received~~ ☐☐-☐☐-☐☐☐☐

~~17. Date Sample Analyzed~~ ☐☐-☐☐-☐☐☐☐

~~18. Specimen Type:~~
~~1. Venous~~
~~2. Capillary~~ ☐
~~3. Unknown~~

~~19. Methodology:~~ ☐
~~1. Delves cup~~
~~2. Extraction-AAS~~
~~3. Carbon rod-AAS~~
~~4. Graphite furnace-AAS~~
~~5. Anodic stripping voltammetry~~
~~6. Hematofluorometry~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~SPRINGFIELD, IL 62761~~
~~TELEPHONE: (217)785-1873~~

~~7. Other:~~ _____

~~20. Signature of Person Completing Form~~

~~Title~~ ~~Date~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 840.APPENDIX C Forms and Instructions for Occupational Disease Registry (Repealed)

Section 840.ILLUSTRATION B Health Department Follow-Up Report of Adult Blood Lead Levels Analysis for Results of 25 mcg/dl and Above (Repealed)

11/13/89 **HEALTH DEPARTMENT FOLLOW-UP REPORT OF ADULT BLOOD LEAD LEVEL ANALYSIS FOR RESULTS OF 25 mcg/dl AND ABOVE**

(Please PRINT firmly or type)

1. IDPH case #

2. DATE OF REPORT: ☐☐ / ☐☐ / ☐☐☐☐
month day year

3. HEALTH DEPT. FOLLOW-UP: _____

CASE DATA

4. NAME: _____
last name first name middle initial maiden (if applicable)

ADDRESS _____
number dir street name apt type loc

_____
city state zip code county

PERSONAL DATA

5. PHONE NUMBER ☐☐☐-☐☐☐-☐☐☐☐

6. SOCIAL SECURITY NUMBER ☐☐☐-☐☐-☐☐☐☐

7. Sex ☐
1. Male
2. Female
3. Other
4. Unknown

8. Date of Birth ☐☐/☐☐/☐☐☐☐
month day year

9. RACE: ☐
1. White
2. Black
3. Asian/Pacific Islander
4. American Native
5. Other _____
9. Unknown

10. HISPANIC ORIGIN: ☐
1. Yes
Specify _____
2. No
9. Unknown

11. NUMBER OF CHILDREN UNDER 16 YEARS OF AGE LIVING WITH CASE: ☐☐

12. CASE OR OTHER IN HOUSEHOLD PREGNANT AT TIME OF DIAGNOSIS: ☐
0. N/A
1. Yes
2. No
9. Unknown

13. TRIMESTER OF PREGNANCY: ☐
1. First
2. Second
3. Third

CASE OCCUPATION DATA

IDPH only

14. OCCUPATION: ☐☐☐

15. INDUSTRY: ☐☐☐

16. IF CASE OR OTHER IN HOUSEHOLD PREGNANT LIST THE CASE'S OCCUPATION DURING:
Prior 3 months: ☐☐☐
1st trimester: ☐☐☐
2nd trimester: ☐☐☐
3rd trimester: ☐☐☐

17. CASE REMOVED FROM WORK ENVIRONMENT? 1. Yes 2. No ☐

CASE EMPLOYER DATA ☐☐☐☐☐☐☐☐

18. COMPANY NAME: _____
number street name

_____
city state zip code county

19. EMPLOYER PHONE NUMBER ☐☐☐-☐☐☐-☐☐☐☐

MAIL TO:
ILL. DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~OCCUPATIONAL DISEASE REGISTRY~~
~~605 West Jefferson~~
~~Springfield, Illinois 62761~~
~~TELEPHONE: (217)785-1873~~

~~Signature of Person Completing Form~~

~~Title~~ ~~Date~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)