Arsenic

Agency: ______

Investigator: ______ Phone number: ______

STATE ONLY — Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Exposure
Reviewer initials:
Referred to another state:

CASE

Last name: ______ Date of Birth: / / Estimated? ☐ Age:

First and middle name: ______ Gender: ☐ Female ☐ Male ☐ Other _____

Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /

Maiden name: ______ Suffix: ______

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed

Address line: ______

Zip: ______ City: ______

Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian

State: ______ County: ______

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Phone: ( )- - Type: ______

Long-term care resident: ☐ Yes ☐ No ☐ Unknown

Parent/Guardian name: ______

Facility name: ______

Parent/Guardian phone: ( )- - Type: ______

EVENT

Diagnosis date: / / Onset date: / /

Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown

Outbreak related: ☐ Yes ☐ No ☐ Unknown

Outbreak name: ______

Exposure setting: ______

Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: ______

Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown

State: ______ Country: ______

Healthcare provider information

Last name: ______

First name: ______

Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA

Facility name: ______

Address line 1: ______

Address line 2: ______

Zip code: ______ City: ______

State: ______ County: ______

Phone : ( )- - Type: ______

LABORATORY FINDINGS

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood ☐ Urine Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood ☐ Urine Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ☐ Blood ☐ Urine Result type: ☐ Preliminary ☐ Final

Test Type: ______ Test Result: ______

Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ Low ☐ See Notes

OCCUPATIONS

Is the case employed, enrolled in school, or attending a child care facility? Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'
(Complete the following sections for each known occupation)

Occupation #1:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				
Handle food:	☐ Yes ☐ No ☐ Unknown		Work in a health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown		Direct patient care duties in lab or health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend school:	☐ Yes ☐ No ☐ Unknown						
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		Health care worker type:				

Occupation #2:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				
Handle food:	☐ Yes ☐ No ☐ Unknown		Work in a health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown		Direct patient care duties in lab or health care setting:	☐ Yes ☐ No ☐ Unknown			
Attend school:	☐ Yes ☐ No ☐ Unknown						
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		Health care worker type:				

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____

Admission date: / / Discharge date: / / Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Reporting source: ☐ **Laboratory** ☐**Physician** ☐**Poison Control** ☐**Self diagnosis**

List any pre-existing medical conditions: _____

Symptoms

Symptoms:

☐ Abdominal pain	☐Cognitive impairment	☐Hyperkeratosis of the skin	☐Hyperpigmentation of the fingernails	☐Numbness	☐Skin redness or swelling
☐Anemia	☐Confusion	☐Fever	☐Hypotension	☐Pins & needles sensation	☐Sore throat
☐Bladder cancer	☐Convulsion	☐Garlic odor on breath	☐Light-headedness	☐Psychological disturbances	☐Thickened skin on palms
☐Burning pain or sensation	☐Dehydration	☐Gastrointestinal disturbances	☐Liver failure	☐Pulmonary edema	☐Throat constriction
☐Carcinoma: skin, tracheal, bronchogenic	☐Delirium	☐Headache	☐Lung irritation	☐Renal failure	☐Vomiting
☐Chills	☐Diarrhea	☐Heart arrhythmia	☐Mee's lines (nail discoloration)	☐Seizures	☐Weakness
	☐Drowsiness	☐Hepatic hemangiosarcoma	☐Muscle aches	☐Shock	☐ Other:
	☐Dysphagia		☐Nausea	☐Skin lesions on palms, soles, or torso	

Health Impact: ☐ Fatal ☐Non-fatal	Was educational information provided? ☐ Yes ☐ No ☐ Unknown
What was the time missed from work/school or daily activities?	☐ < 24 hours ☐1-2 days ☐3-5 days ☐1-2 weeks ☐2-3 weeks ☐> 3 weeks ☐> 1 month ☐ > 2 months ☐ > 3 months ☐> 6 months ☐> 1 year
Current smoker? ☐ Yes ☐ No ☐ Unknown	If no, did you smoke in the past? ☐ Yes ☐ No ☐ Unknown — If yes, date quit: / /
What resources were used by the patient? ☐None known ☐Treated on site ☐Work clinic or nurse ☐911 Call ☐Poison Control Call ☐ED Only ☐Visit to Physician/med provider ☐Hospitalization	

TREATMENT

What was the treatment level? ☐ None given or recommended ☐ Self ☐ ED ☐ Patient refused
☐ Recommended – not done ☐ Outpatient ☐ Inpatient

EXPOSURES

Has the case been exposed to any of the following in the last 60 days? ☐ Yes ☐ No ☐ Unknown

Complete an exposure table for each known exposure. *Attach additional information if necessary.*

Exposure List			
	Alcohol, homemade or illegal Battery recycling Chemical Processing Cigarette or tobacco smoke Coal-burning Computer circuit board manufacturing Contaminated air, soil, dust, water, food or drink Dental medicine	Electronic or appliance recycling Emergency response Fossil fuels Glass manufacturing Industrial processing Laboratories Medical facilities	Metal Processing Military arsenal work Mining Pesticides Smelter Waste incinerators Wood preservatives

Exposure #1			
	Exposure Date: / /		Exposure Time:
Location ☐ Home ☐ Work ☐ Farm, ranch, acreage ☐ Orchard or Garden ☐ Community Building ☐ Community Outdoor Site or Recreation ☐ Travel out of area ☐ Commercial Building ☐ Unknown	Name of Location:		
	Address:		
	Zip code:		Phone: - -
	Travel location:		
	Travel departure:	/ /	Travel return: / /

Reason for exposure:
☐ Hobby or small market work
☐ Work exposure
☐ Secondary Work Exposure (Take home poisoning)
☐ Volunteer or unpaid work
☐ Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
☐ Self-employed
☐ Employed by other

Work Category
☐ Agriculture, Forestry, Fishing and Hunting
☐ Mining, Quarrying, and Oil and Gas Extraction
☐ Utilities
☐ Construction
☐ Manufacturing
☐ Wholesale Trade
☐ Retail Trade
☐ Transportation and Warehousing
☐ Information sector
☐ Finance and Insurance
☐ Real Estate and Rental and Leasing
☐ Professional, Scientific, and Technical
☐ Management of Companies and Enterprises
☐ Administrative and Support and Waste
☐ Management and Remediation Services
☐ Educational Services
☐ Health Care and Social Assistance
☐ Arts, Entertainment, and Recreation
☐ Accommodation and Food Services
☐ Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐ Unknown	
Were others exposed?	☐ Yes ☐ No ☐ Unknown	Total number of exposed: _____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐ Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐ Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐ Unknown	If yes, what source? _____

Comments:

Exposure #2

Exposure Date: / / Exposure Time:

Location
- ☐ Home
- ☐ Work
- ☐ Farm, ranch, acreage
- ☐ Orchard or Garden
- ☐ Community Building
- ☐ Community Outdoor Site or Recreation
- ☐ Travel out of area
- ☐ Commercial Building
- ☐ Unknown

Name of Location:
Address:
Zip code: Phone: - -
Travel location:
Travel departure: / / Travel return: / /

Reason for exposure:
- ☐Hobby or small market work
- ☐Work exposure
- ☐Secondary Work Exposure (Take home poisoning)
- ☐Volunteer or unpaid work
- ☐Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
- ☐Self-employed
- ☐Employed by other

Work Category
- ☐Agriculture, Forestry, Fishing and Hunting
- ☐Mining, Quarrying, and Oil and Gas Extraction
- ☐Utilities
- ☐Construction
- ☐Manufacturing
- ☐Wholesale Trade
- ☐Retail Trade
- ☐Transportation and Warehousing
- ☐Information sector
- ☐Finance and Insurance
- ☐Real Estate and Rental and Leasing
- ☐Professional, Scientific, and Technical
- ☐Management of Companies and Enterprises
- ☐Administrative and Support and Waste
- ☐Management and Remediation Services
- ☐Educational Services
- ☐Health Care and Social Assistance
- ☐Arts, Entertainment, and Recreation
- ☐Accommodation and Food Services
- ☐Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	If yes, what source? _____

Comments:

Exposure #3

Exposure Date: / / Exposure Time:

Location
- ☐ Home
- ☐ Work
- ☐ Farm, ranch, acreage
- ☐ Orchard or Garden
- ☐ Community Building
- ☐ Community Outdoor Site or Recreation
- ☐ Travel out of area
- ☐ Commercial Building
- ☐ Unknown

Name of Location:
Address:
Zip code: Phone: - -
Travel location:
Travel departure: / / Travel return: / /

Reason for exposure:
- ☐Hobby or small market work
- ☐Work exposure
- ☐Secondary Work Exposure (Take home poisoning)
- ☐Volunteer or unpaid work
- ☐Other: _____

If Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment Status
- ☐Self-employed
- ☐Employed by other

Work Category
- ☐Agriculture, Forestry, Fishing and Hunting
- ☐Mining, Quarrying, and Oil and Gas Extraction
- ☐Utilities
- ☐Construction
- ☐Manufacturing
- ☐Wholesale Trade
- ☐Retail Trade
- ☐Transportation and Warehousing
- ☐Information sector
- ☐Finance and Insurance
- ☐Real Estate and Rental and Leasing
- ☐Professional, Scientific, and Technical
- ☐Management of Companies and Enterprises
- ☐Administrative and Support and Waste
- ☐Management and Remediation Services
- ☐Educational Services
- ☐Health Care and Social Assistance
- ☐Arts, Entertainment, and Recreation
- ☐Accommodation and Food Services
- ☐Public Administration

Was the exposure intentional?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_____
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what the medical provider suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
Is this what another source suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	If yes, what source? _____

Comments:

Does the case have a drinking water exposure? ☐ Yes ☐ No ☐Unknown

For each drinking water exposure, complete a drinking water exposure table. Attach additional information if necessary.

Drinking water exposure #1

Location
☐ Home
☐ Work
☐ Farm, ranch, acreage
☐ Orchard or Garden
☐ Community Building
☐ Community Outdoor Site or Recreation Area
☐ Travel out of area
☐ Commercial Building
☐ Unknown

Drinking water source ☐Municipal ☐Rural water ☐Private well ☐Bottled

If well water, what was the date of last microbiologic and/or nitrate testing?
_____

If municipal, rural, or bottled, what is the name of the provider?
_____

Have there been any recent changes to the:
Taste of the water? ☐ Yes ☐ No ☐Unknown
Odor of the water? ☐ Yes ☐ No ☐Unknown
Color of the water? ☐ Yes ☐ No ☐Unknown

Drinking water exposure #2

Location
☐ Home
☐ Work
☐ Farm, ranch, acreage
☐ Orchard or Garden
☐ Community Building
☐ Community Outdoor Site or Recreation Area
☐ Travel out of area
☐ Commercial Building
☐ Unknown

Drinking water source ☐Municipal ☐Rural water ☐Private well ☐Bottled

If well water, what was the date of last microbiologic and/or nitrate testing?
_____

If municipal, rural, or bottled, what is the name of the provider?
_____

Have there been any recent changes to the:
Taste of the water? ☐ Yes ☐ No ☐Unknown
Odor of the water? ☐ Yes ☐ No ☐Unknown
Color of the water? ☐ Yes ☐ No ☐Unknown

Fish Consumption

Did the case eat fish, shellfish or seafood in the past two weeks? ☐ Yes ☐ No ☐Unknown

If yes, how much fish did the case eat?
☐ Less than one serving per week
☐ 1 to 3 servings per week
☐ 4-6 servings per week
☐ 7 or more servings per week

Where did the fish come from?
☐Caught by self, family, friend
☐Store bought
☐School
☐Community Gathering
☐Work
☐Restaurant

In the last two weeks has the case taken:

Over the counter medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

Prescription medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

Nutritional supplements? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

Herbal supplements? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

Homeopathic medicines? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

Illicit drugs? ☐ Yes ☐ No ☐Unknown If yes, list: _____
_____

FOR FINAL DETERMINATION ONLY:

Based on this investigation what was the primary determination for the source of the exposure?

☐Alcohol, homemade or illegal	☐Electronic or appliance recycling	☐Metal Processing
☐Battery recycling	☐Emergency response	☐Military arsenal work
☐Chemical Processing	☐Fossil fuels	☐Mining
☐Cigarette or tobacco smoke	☐Glass manufacturing	☐Pesticides
☐Coal-burning	☐Industrial processing	☐Smelter
☐Computer circuit board manufacturing	☐Laboratories	☐Waste incinerators
☐Contaminated air, soil, dust, water, food or drink	☐Medical facilities	☐Wood preservatives
☐Dental medicine		

Secondary source (if applicable):

☐Alcohol, homemade or illegal	☐Electronic or appliance recycling	☐Metal Processing
☐Battery recycling	☐Emergency response	☐Military arsenal work
☐Chemical Processing	☐Fossil fuels	☐Mining
☐Cigarette or tobacco smoke	☐Glass manufacturing	☐Pesticides
☐Coal-burning	☐Industrial processing	☐Smelter
☐Computer circuit board manufacturing	☐Laboratories	☐Waste incinerators
☐Contaminated air, soil, dust, water, food or drink	☐Medical facilities	☐Wood preservatives
☐Dental medicine		

Was the exposure associated with an incident or natural disaster? ☐ Yes ☐ No ☐Unknown

ADDITIONAL LABORATORY INFORMATION

ADDITIONAL LAB #1

Test Name

☐Arsenic (Ar) Urine (24 hr) ☐Arsenic (Ar) Fractionation ☐Inorganic Ar ☐Creatinine (Cr or Crt) concentration
☐Arsenic (Ar)Urine (Spot/random) ☐Arsenic (Ar) urine ☐Methylarsenic acid (MMA) ☐Heavy Metal Panel
☐Arsenic Blood ☐Organic Ar ☐Dimethylarsenic acid (DMA) ☐Total Volume

Date reported to IDPH: / / Collection date: / / Collection time: _____

Numeric result: _____

Result unit:

☐ug/L , mcg/L, micrograms per liter ☐spot or random
☐mg/dL, milligrams per deciliter ☐ug/24 hr, mcg/24 hr, micrograms per 24 hours
☐ug/g Cr or mcg/g Cr, micrograms per gram ☐mL or milliliters
☐creatinine ratio ☐hours
☐ug/d, mcg/d, micrograms per day ☐% or percent
☐24 hr

Result:
☐Low (L)
☐High (H)
☐*
☐See comment

LABORATORY COMMENTS:

ADDITIONAL LAB #2

Test Name

☐Arsenic (Ar) Urine (24 hr) ☐Arsenic (Ar) Fractionation ☐Inorganic Ar ☐Creatinine (Cr or Crt) concentration
☐Arsenic (Ar)Urine (Spot/random) ☐Arsenic (Ar) urine ☐Methylarsenic acid (MMA) ☐Heavy Metal Panel
☐Arsenic Blood ☐Organic Ar ☐Dimethylarsenic acid (DMA) ☐Total Volume

Date reported to IDPH: / / Collection date: / / Collection time: _____

Numeric result: _____

Result unit:

☐ug/L , mcg/L, micrograms per liter ☐spot or random
☐mg/dL, milligrams per deciliter ☐ug/24 hr, mcg/24 hr, micrograms per 24 hours
☐ug/g Cr or mcg/g Cr, micrograms per gram ☐mL or milliliters
☐creatinine ratio ☐hours
☐ug/d, mcg/d, micrograms per day ☐% or percent
☐24 hr

Result:
☐Low (L)
☐High (H)
☐*
☐See comment

LABORATORY COMMENTS:

NOTES: