Cadmium

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: ______

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

Zip: ______ City: ______

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				
Attend school:	☐ Yes ☐ No ☐ Unknown		lab or health care setting:	☐ 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				
Attend school:	☐ Yes ☐ No ☐ Unknown		lab or health care setting:	☐ 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 or cramps	☐Cough	☐Increased saliva production	☐Nausea	☐Sweet or metallic taste
☐Anemia	☐Cyanosis	☐Kidney Damage or renal failure	☐Osteomalacia (softening of bones)	☐Tachycardia
☐Anosmia (loss of smell)	☐Diarrhea	☐Kidney stones	☐Prostatic cancer	☐Tooth discoloration
☐Chest pain	☐Dizziness	☐Leg pain	☐Proteinuria	☐Tracheo-bronchitis, pneumonitis
☐Chills	☐Dry throat	☐Liver Damage	☐Pulmonary edema	☐Vomiting
☐Choking	☐Fever	☐Lung Cancer	☐Rectal spasms	☐Weakness
☐Coma	☐Gout	☐Lung Inflammation	☐Shortness of breath	☐Weight loss
☐COPD	☐Headache	☐Muscle aches	☐Sore throat or throat irritation	☐Wheezing
	☐Hypertension	☐Muscle weakness		☐ Other:
	☐Hypophosphatemia			

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			
	Alloys, including copper Ammunition manufacturing Auto mechanical work Batteries Bearing making Cable and trolley wires Cadmium vapor lamps Ceramic and pottery making Cigarette or tobacco smoke Contaminated air, soil, dust, water, food or drink Dental amalgam Electricial equipment making Electroplating	Engraving Fertilizers Glass manufacturing Hazardous waste sites Incandescent lamp makers Incinerators Jewelry and costume jewelry Jewelry making Lithograph making Lithophane makers Liver or kidney meats consumption Metal decorative items Mining	Mouthing objects (jewelry, toys) Municipal solid waste recovery Mushroom consumption Paint - spraying, manufacturing, industrial Pesticides Pharmaceutical manufacturing Photoelectric cell making Pigment making Plastic products making Sewage sludge Smelter Solder Textile printing Welding

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?

☐Alloys, including copper
☐Ammunition manufacturing
☐Auto mechanical work
☐Batteries
☐Bearing making
☐Cable and trolley wires
☐Cadmium vapor lamps
☐Ceramic and pottery making
☐Cigarette or tobacco smoke
☐Contaminated air, soil, dust, water, food or drink
☐Dental amalgam
☐Electricial equipment making
☐Electroplating
☐Engraving
☐Fertilizers
☐Glass manufacturing
☐Hazardous waste sites
☐Incandescent lamp makers
☐Incinerators
☐Jewelry and costume jewelry
☐Jewelry making
☐Lithograph making
☐Lithophane makers
☐Liver or kidney meats consumption
☐Metal decorative items
☐Mining
☐Mouthing objects (jewelry, toys)
☐Municipal solid waste recovery
☐Mushroom consumption
☐Paint - spraying, manufacturing, industrial
☐Pesticides
☐Pharmaceutical manufacturing
☐Photoelectric cell making
☐Pigment making
☐Plastic products making
☐Sewage sludge
☐Smelter
☐Solder
☐Textile printing
☐Welding

Secondary source, if applicable: *Choose from table above*

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

ADDITIONAL LABORATORY INFORMATION

ADDITIONAL LAB #1

Test Name

☐Cadmium (Cd) Blood
☐Cadmium (Cd) Urine (Spot/random)
☐Cadmium (Cd) Urine (24 hr)
☐Cadmium (Cd) Occupational Monitor urine
☐Cd/Cr ratio, Cadmium creatinine ratio
☐Cadmium (Cd) Concentration
☐Beta-2-microglobulin in urine (B2-M)
☐Creatinine (Cr or Crt) concentration
☐Heavy Metal Panel
☐Total Volume
☐Cadmium (Cd) urine

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

Numeric result:
_____

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

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

LABORATORY COMMENTS:

ADDITIONAL LAB #2

Test Name

☐Cadmium (Cd) Blood
☐Cadmium (Cd) Urine (Spot/random)
☐Cadmium (Cd) Urine (24 hr)
☐Cadmium (Cd) Occupational Monitor urine
☐Cd/Cr ratio, Cadmium creatinine ratio
☐Cadmium (Cd) Concentration
☐Beta-2-microglobulin in urine (B2-M)
☐Creatinine (Cr or Crt) concentration
☐Heavy Metal Panel
☐Total Volume
☐Cadmium (Cd) urine

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

Numeric result:
_____

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

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

LABORATORY COMMENTS:

NOTES: