

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH**

**CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

**Reportable Occupational and Environmental Diseases, Injuries, and Poisonings**

**Proposed Readoption with Amendments: N.J.A.C. 8:58**

**Proposed Repeal and New Rule: N.J.A.C. 8:58 Appendix**

**Proposed New Rule: N.J.A.C. 8:58-1.6**

**Proposed Repeal: N.J.A.C. 8:58-1.2**

Authorized By: Cathleen D. Bennett, Acting Commissioner, Department of Health, in consultation with the Public Health Council.

Authority: N.J.S.A. 26:1A-7.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2016-060.

Submit written comments by July 1, 2016, electronically to <http://www.nj.gov/health/legal/ecomments.shtml>, or by regular mail postmarked on or before July 1, 2016, to:

Joy Lindo, Director  
Office of Legal and Regulatory Compliance  
Office of the Commissioner  
New Jersey Department of Health  
PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

### **Summary**

N.J.A.C. 8:58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings identifies reportable occupational and environmental diseases, injuries, and poisonings, and establishes procedures by which hospitals and health care providers are to report diagnoses thereof to the Department of Health (Department).

Following is a summary of the rulemaking history of N.J.A.C. 8:58.

In late 1985, pursuant to N.J.S.A. 26:1A-7, the Public Health Council (PHC) originally proposed and adopted N.J.A.C. 8:57-1.13, Reportable occupational and environmental diseases and poisons, as a new rule within N.J.A.C. 8:57, which governs Communicable Diseases. See 17 N.J.R. 1831(a), 2554(b). The section established procedures requiring hospitals and health care providers to report cases of occupational and environmental diseases and poisonings to the Department. In late 1989, the PHC proposed to repeal N.J.A.C. 8:57-1.13 and to reorganize and rearticulate the reporting requirements as part of a new subchapter at N.J.A.C. 8:57-3, Reportable Occupational and Environmental Diseases and Poisons. See 21 N.J.R. 3907(a). The PHC adopted the proposed new rules in early 1990. See 22 N.J.R. 1595(a).

In early 1995, pursuant to Executive Order No. 66 (1978), the Department and the PHC readopted N.J.A.C. 8:57-3 without change, as part of the readoption of N.J.A.C. 8:57. See 27 N.J.R. 420(a), 1987(a).

In early 2000, the Department and the PHC proposed to readopt N.J.A.C. 8:57-3 with amendments, as part of the readoption of N.J.A.C. 8:57. See 32 N.J.R. 965(a).

Significant amendments proposed therein were to delete hospital reporting of certain respiratory conditions, add hospital reporting of certain poisonings, add health care provider reporting of occupational dermatitis, eliminate all reporting to local health departments, and eliminate paper reporting by hospitals because electronic reporting of hospital discharge data made paper reporting redundant and unnecessary. On April 12, 2000, pursuant to Executive Order No. 66 (1978), and prior to adoption of the proposed readoption with amendments, N.J.A.C. 8:57 expired. In late 2000, the Department and the PHC adopted the expired rules and the proposed amendments as new rules. See 32 N.J.R. 3463(a).

In late 2002, the Department and the PHC proposed to readopt N.J.A.C. 8:57-3 with amendments as part of the readoption of N.J.A.C. 8:57. See 34 N.J.R. 3945(a). Significant amendments proposed therein were to add hospital and health care provider reporting of carpal tunnel syndrome and to address the confidentiality of reports. In late 2003, the Department and the PHC adopted the notice of proposal. See 35 N.J.R. 4883(b).

In early 2008, as part of a notice of proposal to readopt N.J.A.C. 8:57, the Department, in consultation with the PHC pursuant to Reorganization Plan No.003-2005 (see 37 N.J.R. 2735(a)), proposed to readopt N.J.A.C. 8:57-3 and to recodify the subchapter with amendments as new N.J.A.C. 8:58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings. See 40 N.J.R. 1962(a). The rationale for the proposed recodification was to recognize that occupational and environmental diseases, injuries, and poisonings are “markedly different” from communicable diseases in their “scope, source, and preventability.” *Id.* Other

significant proposed amendments were to establish the chapter purpose and scope, and definitions of terms the chapter uses. In early 2009, the Department, in consultation with the PHC, adopted the notice of rules proposed for readoption, amendments, and recodification of existing N.J.A.C. 8:57-3 as new N.J.A.C. 8:58. See 41 N.J.R. 1419(a).

N.J.A.C. 8:58 was to expire on March 10, 2014. N.J.S.A. 52:14B-5.1.b operated to extend the chapter expiration date to March 10, 2016. See 43 N.J.R. 1203(a).

The Department, in consultation with the PHC, has reviewed N.J.A.C. 8:58 and has determined that, subject to the proposed amendments, repeals, and new rules described below, the existing rules continue to be necessary, adequate, reasonable, efficient, understandable, and responsive to the purposes for which they were originally promulgated. Therefore, the Department, in consultation with the PHC, proposes to readopt the chapter and proposes amendments, repeals, and new rules as described below.

Pursuant to N.J.S.A. 52:14B-5.1.c(2), the filing of this notice of proposal prior to chapter expiration operates to extend the chapter expiration date 180 days to September 6, 2016.

As the Department provides a 60-day comment period for this notice of proposal, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement.

Following is a summary of the rules proposed for readoption and the proposed amendments, new rules, and repeals.

The Department proposes technical changes throughout the chapter to reflect the change in the name of the Department (from the Department of Health and Senior Services to the Department of Health) pursuant to P.L. 2012, c. 17, § 93 (approved June 29, 2012), codified in part at N.J.S.A. 26:1A-2.1, and to reflect the change in the name of the Department unit that administers the program that this chapter facilitates, the Occupational Health Surveillance Unit. Other proposed technical amendments would correct grammar and syntax, improve style and readability, eliminate the passive voice and the future tense, update contact information and internet website addresses, correct cross-references, and delete mathematical symbols and replace them with their English language equivalents.

Subchapter 1 establishes general provisions.

N.J.A.C. 8:58-1.1 establishes the purpose and scope of the chapter. The Department proposes to amend this section to delete superfluous description of the chapter's "intended" purposes and to indicate that the chapter establishes reporting standards applicable to hospitals and health care providers.

Existing N.J.A.C. 8:58-1.2 identifies documents and publications incorporated by reference. The Department proposes to repeal this section. Existing N.J.A.C. 8:58-1.2(a) incorporates by reference the Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider (OCC-31) form in the chapter appendix and identifies methods by which one can obtain copies thereof. The Department proposes to add a definition of the form at existing N.J.A.C. 8:58-1.3 that would incorporate it by reference at the appendix and identify the methods by which one can obtain copies thereof. Existing N.J.A.C. 8:58-1.2(b) incorporates by reference the International

Classification of Diseases, Ninth Edition, and provides contact information to obtain access thereto. In mid-2014, the United States Department of Health and Human Services issued a final rule establishing October 1, 2015, as the compliance date by which health care providers, health plans, and health care clearinghouses were to transition to the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) for diagnosis coding. 79 FR 45128. As noted above, the Department proposes to repeal existing N.J.A.C. 8:58-1.2. The Department is proposing a companion amendment at existing N.J.A.C. 8:58-1.3 that would define the ICD-10-CM and provide access information.

Existing N.J.A.C. 8:58-1.3 contains definitions of words and terms that the chapter uses.

The Department proposes to amend existing N.J.A.C. 8:58-1.3 to add definitions of the following words and terms: “condition category,” “eWoRLD,” “ICD-10-CM,” “minor,” “Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider” (as described above in the discussion of the proposed repeal at N.J.A.C. 8:58-1.2), “Occupational Health Surveillance Unit,” and “suspected work-related.”

At existing N.J.A.C. 8:58-1.3, the Department proposes to amend the definition of “Commissioner” to delete a superfluous reference to a designee. The Department proposes to amend the definition of “discharge summary” and “hospital” to delete the narrative description thereof and to add instead cross-references to statutory descriptions of the term, which would not have any substantive effect on the definitions.

The Department proposes to amend the existing definition of “health care provider” to delete reference to the professional category, “nurse practitioner,” which term the Board of Nursing no longer uses as a licensure category, to delete narrative descriptions of the professionals to whom the chapter applies, and to add references to these professionals as persons acting within their respective licensed scopes of practice pursuant to the statutory authority under which the State regulates the listed professions.

To update and conform chapter terminology to the terminology conventions of the National Institute of Occupational Safety and Health of the United States Department of Health and Human Services (NIOSH), the Department proposes to amend the definition of “confirmed work-related asthma” to delete the word “asthma” from the defined term, to add a comma after the word “confirmed” to indicate that the diagnosis rather than the work-relatedness is confirmed, to identify the term as an adjective to describe asthma, and to update the clinical and occupational description of the condition to conform to updated clinical use. The proposed new definition of the term, “suspected, work-related,” would identify the term as an adjective to describe asthma, and would indicate that the diagnosis rather than the work-relatedness is suspected. This term would reflect the updated clinical and occupational terminology to express the type of asthma that the existing terms, “possible work-related asthma” and “probable work-related asthma,” formerly described. Therefore, the Department proposes to delete the existing definitions of the terms, “possible work-related asthma” and “probable work-related asthma.”

Existing N.J.A.C. 8:58-1.4 establishes standards for hospital reporting of occupational and environmental diseases, injuries, and poisonings. The Department proposes several amendments to reorganize this section.

The Department proposes to amend the reporting mandate at existing N.J.A.C. 8:58-1.4(a) to add cross-references to hospitals' discharge data reporting obligations as the mechanism by which hospitals fulfill their reporting obligations pursuant to this chapter. This amendment would relocate the existing mandate and cross-references that appear at existing N.J.A.C. 8:58-1.4(d). The Department proposes a corresponding amendment to delete existing N.J.A.C. 8:58-1.4(d). The Department proposes an additional amendment at N.J.A.C. 8:58-1.4(a) to indicate that hospitals are to report diagnoses using their applicable ICD-10-CM codes.

The Department proposes to amend existing N.J.A.C. 8:58-1.4(a)1 to establish that a reportable diagnosis exists if it appears in a patient's discharge summary, and to delete the existing qualification that a diagnosis is reportable only if a patient's discharge summary designates it as a primary or secondary diagnosis.

As stated above, the Department proposes to amend existing N.J.A.C. 8:58-1.3 to add definitions of the terms, "eWoRLD" and "condition category." The eWoRLD is an electronic resource that the NIOSH maintains, in online format only, to standardize, nationally, the collection of surveillance data relating to occupation-related respiratory conditions. An appendix thereto, also available only online, provides guidance, or a "crosswalk," that identifies the broad categories of respiratory conditions (that is, the "condition categories"), the particular diseases falling within those condition categories, the historic (formerly used) and modern (currently used) names of those conditions, the

diagnosis codes used to indicate those diagnoses under ICD revisions eight and nine, and the applicable IDC-10-CM diagnosis codes. The proposed amendment at existing N.J.A.C. 8:58-1.3 would refer to this appendix within the definition of the proposed new term, “condition categories.”

The Department proposes to amend existing N.J.A.C. 8:58-1.4(b) to delete the ICD-9 codes for the reportable diseases and conditions listed therein, but does not propose to add the corresponding ICD-10-CM codes. The World Health Organization states that it is developing the ICD-11, and anticipates issuance thereof in 2018. See <http://www.who.int/classifications/icd/factsheet/en> (retrieved December 24, 2015). Thereafter, applicable programs within the United States Department of Health and Human Services are likely to issue the ICD-11-CM (that is, the United States of America version of the World Health Organization document) and to require its use nationwide. To prevent the obsolescence of chapter provisions in that event, the Department proposes to refer only to reportable occupation-related diseases and conditions by name and not by ICD-10-CM diagnosis codes.

The Department proposes to add new N.J.A.C. 8:58-1.4(b)2, which would collect reportable occupation-related respiratory diseases and conditions, to update the names of the existing reportable diseases and conditions listed therein to correspond with their respective condition categories, and to alphabetize the list. The Department proposes to add malignant mesothelioma to the list of reportable occupation-related respiratory conditions at proposed new N.J.A.C. 8:58-1.4(b)2vi.

The following table shows the reportable occupation-related respiratory diseases and conditions at existing N.J.A.C. 8:58-1.4(b)2 through 9, the proposed new

expression of the name thereof by condition category, and the proposed new citation for each at N.J.A.C. 8:58-1.4(b)2:

<b>Existing citation at N.J.A.C. 8:58-1.4(b)</b>	<b>Existing reportable disease</b>	<b>Corresponding condition category</b>	<b>Proposed citation</b>
1.4(b)1	Carpal tunnel syndrome	No change	No change
1.4(b)2	Extrinsic allergic alveolites ( <i>sic</i> , should have been “alveolitis”)	Hypersensitivity Pneumonitis	1.4(b)2iv
1.4(b)3	Coal workers pneumoconiosis	Coal Workers’ Pneumoconiosis	1.4(b)2iii
1.4(b)4	Asbestosis	(No change)	1.4(b)2i
1.4(b)5	Silicosis	(No change)	1.4(b)2vii
1.4(b)6	Pneumoconiosis, other dust inorganic	Unspecified/Other Pneumoconioses	1.4(b)2viii
1.4(b)7	Pneumonopathy due to organic dust	Byssinosis (airway disease due to specific organic dust)	1.4(b)2ii
1.4(b)8	Pneumoconiosis, unspecified	Unspecified/Other Pneumoconioses	1.4(b)2viii

<b>Existing citation at N.J.A.C. 8:58-1.4(b)</b>	<b>Existing reportable disease</b>	<b>Corresponding condition category</b>	<b>Proposed citation</b>
1.4(b)9	Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors	Respiratory Conditions due to Chemical Fumes and Vapors	1.4(b)2vi

The Department proposes to amend existing N.J.A.C. 8:58-1.4(c) to update the list of substances that have reportable toxic (poisonous) effects to correspond generally to the terminology used in the ICD-10-CM category called, “Toxic effects of substances chiefly nonmedicinal as to source,” appearing among ICD-10-CM codes T51 through T65, and to alphabetize the list. As at existing N.J.A.C. 8:58-1.4(b), and for the same reasons, described above, the Department proposes to amend N.J.A.C. 8:58-1.4(c) to delete the ICD-9 codes for the list of substances that can have reportable toxic (poisonous) effects, but does not propose to add the corresponding ICD-10-CM codes.

The following table shows the substances that have reportable toxic effects at existing N.J.A.C. 8:58-1.4(c), the proposed new expression of the substance as approximately reflected in the ICD-10-CM category, “Toxic effects of substances chiefly nonmedicinal as to source,” and the proposed new citation for each.

<b>Existing citation at N.J.A.C. 8:58-1.4(c)</b>	<b>Existing toxin name</b>	<b>Updated name</b>	<b>Proposed citation</b>
1.4(c)1	Alcohol (excluding alcoholic beverages and alcoholism)	No change	No change
1.4(c)2	Petroleum products	Organic solvents	1.4(c)6
1.4(c)3	Solvents other than petroleum based	Organic solvents	1.4(c)6
1.4(c)4	Corrosive aromatics and caustic alkalis	Corrosive substances	1.4(c)3
1.4(c)5	Lead and its compounds	Metals	No change
1.4(c)6	Other metals	Both "Metals" and the proposed new substance term, "Other inorganic substances" would capture this toxin	1.4(c)5 and 8
1.4(c)7	Carbon monoxide	No change	1.4(c)2
1.4(c)8	Other gases, fumes, or vapors	No change	1.4(c)7
1.4(c)9	Other substances	To be removed	

The Department proposes to amend N.J.A.C. 8:58-1.4(c) to add the following to the list of substances that have reportable toxic (poisonous) effects: halogen derivatives of aliphatic and aromatic hydrocarbons, other inorganic substances, soaps and detergents, and pesticides. The terminology for these substances, like the terminology for the toxins proposed for amendment described above, is also from the ICD-10-CM category called, "Toxic effects of substances chiefly nonmedicinal as to source," at ICD-10-CM codes T51 through T65.

The Department proposes to add new N.J.A.C. 8:58-1.4(d) to require hospitals to report injuries that are work-related or occupational if they are fatal or occur in minors.

Existing N.J.A.C. 8:58-1.4(e) identifies the obligation of hospitals to provide additional information to the Department following submission of a report pursuant to this chapter under certain circumstances. A comparable provision identifying this obligation as applicable to health care providers appears at existing N.J.A.C. 8:58-1.5(e). The Department proposes to delete existing N.J.A.C. 8:58-1.4(e) and 1.5(e) and to relocate the articulation of this obligation, as applicable to both reporting entities, at proposed new N.J.A.C. 8:58-1.6. The proposed new rule would not refer to the "purposes of the chapter," a phrase that appears at existing N.J.A.C. 8:58-1.4(e) and 1.5(e), because this presumably refers to the narrative descriptions that the Department proposes to delete from N.J.A.C. 8:58-1.1, as described above. To compensate for the deletion of this reference, the Department proposes to indicate at proposed new N.J.A.C. 8:58-1.6 that the purposes for which the Department may require a reporting entity to provide additional information, following the Department's receipt of a report

pursuant to this chapter, are to enable the Department to conduct surveillance, perform research, and/or undertake other public health activities.

N.J.A.C. 8:58-1.5 establishes standards for health care provider reporting of occupational and environmental diseases, injuries, and poisonings. The Department proposes several amendments to this section.

The Department proposes to amend existing N.J.A.C. 8:58-1.5(a) to indicate that health care providers are to report using the form of “Occupational Disease, Injury, or Poisoning Report by Health Care Provider,” thereby relocating the existing requirement that appears at N.J.A.C. 8:58-1.5(d), with respect to which the Department proposes a corresponding deletion.

The Department proposes to delete N.J.A.C. 8:58-1.5(a)1, which contains a superfluous description of health care providers’ continued compliance obligations in the delegation of administrative duties associated with reporting. Implicit within the training and licensed scope of practice of health care providers are the responsibilities to delegate appropriately and to supervise persons to whom a delegation is made. The laws and rules governing some of these practitioners expressly reflect these obligations. See, for example, N.J.A.C. 13:37-6.2, Delegation of selected nursing tasks, and 13:35-6.14, Delegation of physical modalities to a licensed health care provider or an unlicensed physician aide.

Existing N.J.A.C. 8:58-1.5(b) identifies the specific diagnoses that health care providers are to report. The Department proposes to amend and reorganize this subsection by relocating some of the diagnoses listed therein at proposed new subsections (c) and (d) and alphabetizing the respective resulting lists of reportable

diagnoses. The Department proposes to amend existing N.J.A.C. 8:58-1.5(b) to identify diagnoses of diseases and conditions that are reportable in every case. Proposed new N.J.A.C. 8:58-1.5(c) would identify diagnoses of diseases and conditions that are reportable only if work-related or occupational. Proposed new N.J.A.C. 8:58-1.5(d) would identify reportable diagnoses of poisoning due to the toxic effect of certain substances.

The Department proposes to delete existing N.J.A.C. 8:58-1.5(c), which identifies health care providers' obligation to report occupational diseases and poisonings not expressly specified elsewhere in the section, because proposed new N.J.A.C. 8:58-1.5(b)6, which would require reporting of "other occupational disease," and the proposed amendment at existing N.J.A.C. 8:58-1.5(b)15, recodified as new paragraph (d)6, which would require reporting of poisoning due to the toxic effect of "other substance or toxin, unspecified, if exposure is work-related or occupational," collectively would express this obligation.

The Department proposes to amend recodified N.J.A.C. 8:58-1.5(d)3 to indicate that lead toxicity is reportable in persons of age 16 and above, and to lower the level at which blood lead becomes reportable from 25 micrograms per deciliter to five micrograms per deciliter. The proposed amendments would make the rule consistent with the case surveillance definitions of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. See <http://www.cdc.gov/niosh/topics/ables/description.html> (accessed January 6, 2016).

Recodified N.J.A.C. 8:58-1.7 establishes standards governing the confidentiality of reports submitted to the Department pursuant to this chapter. The Department

proposes to delete existing subsections (c) and (d) because these are redundant, and potentially conflict with, existing subsections (a) and (b).

Recodified N.J.A.C. 8:58-1.8 identifies the applicability of penalties for violations of the chapter pursuant to N.J.S.A. 26:1A-10, inasmuch as the chapter is part of the State Sanitary Code pursuant to N.J.S.A. 26:1A-7.

The chapter Appendix contains the OCC-31 form that health care providers are to use in reporting diagnoses of occupational and environmental disease, injury, or poisoning, pursuant to N.J.A.C. 8:58-1.5(a). The Department proposes to repeal and replace the chapter Appendix to update the OCC-31 form to reflect changes to terminology for reportable diagnoses contained, and to provide instructions for completion of the OCC-31 form.

### **Social Impact**

New Jerseyans generally, and New Jersey workers particularly, can be exposed to hazardous workplace and environmental conditions that can cause occupational and environmental diseases, injuries, and poisonings, and can realize pain, suffering, and medical costs resulting therefrom. The rules proposed for readoption establish and, with the proposed amendments, repeals, and new rules, would continue to maintain, standards for reporting diagnoses of these diseases, injuries, and poisonings to the Department. The rules proposed for readoption have helped, and, with the proposed amendments, repeals, and new rules, would continue to help safeguard the health of New Jerseyans by facilitating Department efforts to identify sources of exposure to these conditions and substances, and to take both responsive and proactive public health actions to prevent harm. Among these actions are Department initiation of

industrial hygiene investigations to evaluate existing exposure controls and to provide recommendations for improving controls; Department referrals to other governmental agencies with jurisdiction, such as local health departments, the Occupational Safety and Health Administration of the United States Department of Labor, the New Jersey Public Employees Occupational Safety and Health Program of the Departments of Labor and Workforce Development and Health, and the New Jersey Department of Environmental Protection; Department epidemiologic investigations of populations exposed to toxic substances; and Department research. The research activities of the Department inform the work of Department programs and other public and private entities that conduct education and outreach programs targeted at workers, employers, and health care providers.

The proposed amendment at existing N.J.A.C. 8:58-1.1 would simplify the articulation of the purpose of the chapter and delete extraneous narrative.

The proposed amendment at existing N.J.A.C. 8:58-1.3 would enhance user-friendliness and comprehensibility of the chapter by adding definitions of words and terms that the chapter, as proposed for re Adoption with amendments and new rules would use.

The proposed amendment at existing N.J.A.C. 8:58-1.4 would enhance universal understanding of the diagnoses that the section requires hospitals to report by using the most recent terminology as reflected in the ICD-10-CM and the condition categories. The addition of malignant mesothelioma and injuries that are fatal or occur in minors, to the diagnoses that N.J.A.C. 8:58-1.4, which as proposed for amendment would require

hospitals to report, would enhance the Department's ability to conduct preventive and ameliorative public health activities with respect to the causes of those diagnoses.

The proposed amendment at existing N.J.A.C. 8:58-1.5 would enhance universal understanding of the diagnoses that the section requires health care providers to report by using the most recent terminology for the reportable diagnoses as approximately reflected in the ICD-10-CM category, "Toxic effects of substances chiefly nonmedicinal as to source." The proposed amendment at N.J.A.C. 8:58-1.5 lowering the level at which blood lead would become reportable would maintain the chapter's consistency with national standards for best practices in lead toxicity surveillance.

The proposed amendment at recodified N.J.A.C. 8:58-1.7 to delete subsections (c) and (d) would ensure that the section's expression of policy, governing public access to individuals' personal information that reported data contain and that the Department holds, is consistent with applicable law and is not internally contradictory.

The identification of penalties at recodified N.J.A.C. 8:58-1.8 would alert persons and entities subject to the chapter to the sanctions to which they would be subject for noncompliance with the chapter.

Except as described above, the rules proposed for readoption and the proposed amendments, repeals, and new rules would have no social impact, or would have only the impact of improving readability and user-friendliness due to the impact of proposed technical and grammatical changes.

### **Economic Impact**

The rules proposed for readoption have required and, with the proposed amendments, repeals, and new rules, would continue to require hospitals and health

care providers to engage in activities that may cause them to incur costs associated with chapter compliance.

N.J.S.A. 26:2H-1, et seq., and N.J.A.C. 8:31B require hospitals to report all diagnoses and other data to the Department. The Department uses this report to retrieve data on the diagnoses that are reportable pursuant to N.J.A.C. 8:58. Therefore, hospitals have not incurred and would not incur additional costs to comply with N.J.A.C. 8:58 with respect to initial diagnosis reporting.

N.J.A.C. 8:58 may require health care providers to incur administrative expenses associated with completion of the Occupational Disease, Injury, or Poisoning Report by Health Care Provider and transmittal thereof to the Department. Both hospitals and health care providers may incur administrative costs associated with retrieving additional individual patient information if the Department requests supplemental information to follow-up on particular cases.

N.J.A.C. 8:58 requires the Department to incur costs to assemble and review reports, to audit them for accuracy, and to follow up on particular cases.

The State generally realizes an economic benefit by the effect of N.J.A.C. 8:58 in providing data that helps the Department and others to prevent the occurrence of occupational and environmental diseases, injuries, and poisonings among New Jerseyans, particularly workers, through the Department's use of the data to engage in public health activities as described in the Social Impact, above. Avoidance of these occurrences in turn helps to avoid costs that these occurrences engender, such as lost wages, medical expenses, and workers' compensation benefits.

Except as described above, the rules proposed for readoption and the proposed amendments, repeals, and new rules would have no economic impact, and would not require persons subject thereto to retain the services of professionals to comply therewith.

### **Federal Standards Statement**

The rules proposed for readoption and the proposed amendments, repeals, and new rules are not subject to any Federal standards or requirements, and are not proposed under the authority of or in order to implement, comply with, or participate in any program established under Federal law or under a State statute that incorporates or refers to Federal law, standards, or requirements. Therefore, a Federal standards analysis is not required.

As the Summary, above, describes, the Department elects, but is under no Federal mandate obliging it, to use terminology that is generally consistent with disease surveillance and diagnosis terminology, such as the ICD-10-CM. The United States Department of Health and Human Services implements the ICD-10-CM for use by several of its programs and mandates its use by participants in Medicare and Medicaid.

### **Jobs Impact**

The rules proposed for readoption have not resulted and, with the proposed amendments, repeals, and new rules, would not result in the generation or loss of jobs in the State.

### **Agriculture Industry Impact**

The rules proposed for readoption have not had and, with the proposed amendments, repeals, and new rules, would not have, an impact on the agriculture industry in New Jersey.

### **Regulatory Flexibility Analysis**

The rules proposed for readoption have imposed, and, with the proposed amendments, repeals, and new rules, would continue to impose, requirements on hospitals and health care providers. Of these, only health care providers may be “small businesses” within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The Summary, above, describes these requirements.

The costs to small businesses to comply are the same as those applicable to health care providers that are not small businesses. The Economic Impact, above, describes these costs. As the Economic Impact, above, describes, the rules proposed for readoption have not required, and, with the proposed amendments, repeals, and new rules, would not require any entity that is subject to the chapter to retain the services of professionals to comply.

The Department has determined that the rules proposed for readoption and the proposed amendments, repeals, and new rules, would impose the minimum standards necessary to ensure the universal and uniform reporting of diagnoses of occupational and environmental diseases, injuries, and poisonings and to support the Department’s public health activities that rely on that data; therefore, the Department proposes no lesser or differing standards based on business size.

### **Housing Affordability Impact Analysis**

The rules proposed for readoption have not had and, with the proposed amendments, repeals, and new rules, would not have, an impact on the affordability of housing in New Jersey and have not evoked and would not evoke a change in the average costs associated with housing in New Jersey because they establish standards for reporting diagnoses of disease, injury, and poisoning, and have no bearing on housing costs.

### **Smart Growth Development Impact Analysis**

The rules proposed for readoption have not had and, with the proposed amendments, repeals, and new rules, would not have, an impact on smart growth development and the Department does not anticipate that they would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because they establish standards for reporting diagnoses of disease, injury, and poisoning, and have no bearing on housing production.

**Full text** of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 8:58.

**Full text** of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 8:58-1.2 and 8:58 Appendix.

**Full text** of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES,  
AND POISONINGS

8:58-1.1 Purpose and scope

(a) [This] **The purpose of this** chapter [contains rules intended] **is to**[:

1. Provide a framework for reporting] **establish standards by which hospitals and health care providers are to report** occupational and environmental diseases, [injury] **injuries**, and poisonings[;] **to**

[2. Enable] the Department [to conduct surveillance and research activities; and

3. Prevent occupational and environmental disease, injury, and poisoning through early detection, exposure reduction, and elimination of hazards] **pursuant to N.J.S.A. 26:1A-7.**

(b) This chapter applies to [each] **hospitals** and **health care providers** [licensed in New Jersey and establishes procedures concerning the reporting of occupational and environmental disease, injury, and poisoning].

8:58-1.3 Definitions

The following words and terms, as used in this chapter, [shall] have the following meanings, unless the context clearly indicates otherwise:

“Administrator” means the chief administrator or other person having control or supervision over [any] **a hospital.**

“Commissioner” means the Commissioner of the [New Jersey] Department [of Health and Senior Services, or his or her designee].

**“Condition category” means the name by which the Appendix to the eWoRLD entitled “International Classification of Diseases (ICD) Codes,” available at <http://wwwn.cdc.gov/eworld/Appendix/ICDCodes>, identifies a group of diseases that share a common ICD-10-CM code.**

**“Confirmed, work-related [asthma]” means, as used to describe asthma, a diagnosis of asthma and [objective evidence of work-relatedness] a patient-reported work-related temporal pattern.**

**“Department” means the New Jersey Department of Health [and Senior Services].**

**[“Discharge summary” means a computerized record containing information compiled by hospitals on each patient's stay, such as codes for the most relevant diagnosis and secondary diagnoses, any procedures performed on the patient, and the admission and discharge dates of the patient's episode of care.**

**“Health care provider” means a person who is directly involved in the provision of health care services, such as the clinical diagnosis of disease and the prescribing of medications, and when required by State law, the individual has received professional training in the provision of such services and is licensed or certified for such provision.**

**1. This definition includes physicians, physician assistants, nurse practitioners, and clinical nurse specialists.**

**“Hospital” means an institution, whether operated for profit or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness or injury and where emergency, outpatient,**

surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.]

**“Discharge summary” means a discharge summary pursuant to N.J.S.A. 26:8-5 and 26:2H-12.9b through 26:2H-12.9d, known as Leonard Cohen’s law, and N.J.A.C. 8:43G-15.2.**

**“eWoRLD” means the NIOSH 2016 Work-Related Lung Disease Surveillance System, which is incorporated herein by reference, as amended and supplemented, of the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Respiratory Health Division, Surveillance Branch, available at <http://wwwn.cdc.gov/eworld>.**

**“Health care provider” means a person whom the State of New Jersey licenses pursuant to Title 45 of the New Jersey Revised Statutes, and acting within the respective licensed scope of practice, as a physician, a physician assistant, or an advanced practice nurse.**

**“Hospital” means a general and/or special hospital that the Department licenses pursuant to N.J.S.A. 26:2H-1 et seq.**

**“Hospital discharge data” means a set of computerized records that hospitals create at the time of patient discharge[, which] that contains information that hospitals retrieve from patients’ medical charts in accordance with N.J.S.A. 26:2H-1 et seq., and N.J.A.C. 8:31B[-2].**

**“ICD-10-CM” means the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (Fiscal Year**

2016 release), incorporated herein by reference, as amended and supplemented, issued by the Centers for Medicare and Medicaid Services and the National Center for Health Statistics of the United States Department of Health and Human Services, available at <http://www.cdc.gov/nchs/icd/icd10cm.htm>.

“Minor” means a person who has not attained majority status pursuant to N.J.S.A. 9:17B-1 et seq., that is, is under the age of 18.

“Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider” means form OCC-31, which appears at the chapter Appendix with instructions for completion, both of which are incorporated herein by reference.

1. The form OCC-31 and instructions for completion are available on request to the Occupational Health Surveillance Unit and from the Department’s forms web page at [www.nj.gov/health/forms](http://www.nj.gov/health/forms).

“Occupational Health Surveillance Unit” means a unit within the Department for which the contact information is Occupational Health Surveillance Unit, Environmental and Occupational Health Surveillance Program, Consumer, Environmental and Occupational Health Service, Division of Epidemiology, Environmental and Occupational Health, New Jersey Department of Health, PO Box 369, Trenton, NJ 08625-0369.

“Other occupational disease[s]” means a disease[s] that [occur as a] results [of] from work or occupational activity and that [the] a health care provider believes [is] to be a threat to worker health.

["Possible work-related asthma" means symptoms of asthma and patient-reported work-related temporal pattern of symptoms of asthma.

"Probable work-related asthma" means diagnosis of asthma and patient-reported work-related temporal pattern of symptoms of asthma.]

**"Suspected, work-related" means, as used to describe asthma, the presentation of symptoms and a patient-reported work-related temporal pattern.**

8:58-1.4 Hospital reporting of occupational and environmental diseases, injuries, and poisonings

(a) The administrator of [any] a hospital in which [any] a person [has been diagnosed with any of the] **receives a diagnosis of a** disease[s], [injuries] **injury**, or poisoning[s listed in] **that** (b), [and] (c), **and (d)** below **identify** shall report [such disease or poisoning] **the diagnosis** to the Department, **using the applicable ICD-10-CM code, as part of the hospital's discharge data reporting pursuant to N.J.S.A. 26:2H-1 et seq., and N.J.A.C. 8:31B.**

1. [The administrator shall consider] **A person receives a diagnosis pursuant to (a) above if the** disease, injury, or poisoning [diagnosed, if the disease, injury, or poisoning is listed] **appears** as a [primary or secondary] diagnosis [on] in the **person's** discharge summary.

(b) The [administrator shall report the] following diseases [to the Department for purposes of this section using the codes established in the International Classification of Diseases Ninth Revision (ICD-9), available as set forth at N.J.A.C. 8:58-1.2, in the

manner prescribed by subsection (d) below] **and conditions are reportable pursuant to (a) above:**

1. Carpal tunnel syndrome[, ICD code 354.0]; **and**

[2. Extrinsic allergic alveolites, ICD code 495, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9;

3. Coal workers pneumoconiosis, ICD code 500;]

**2. Diseases falling within the following condition categories:**

[4.] i. Asbestosis[, ICD code 501];

**ii. Asthma;**

**iii. Byssinosis (airway disease due to specific organic dust);**

**iv. Coal Workers' Pneumoconiosis;**

**v. Hypersensitivity Pneumonitis;**

**vi. Malignant Mesothelioma;**

**vii. Respiratory Conditions due to Chemical Fumes and Vapors;**

[5.] **viii. Silicosis[, ICD code 502]; and**

[6. Pneumoconiosis, other dust inorganic, ICD code 503;

7. Pneumonopathy due to organic dust, ICD code 504;

8. Pneumoconiosis, unspecified, ICD code 505; and

9. Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors, ICD codes 506.0, 506.1, 506.2, 506.3, 506.4, and 506. 9.]

**ix. Unspecified/Other Pneumoconioses.**

[(c) The administrator shall report poisoning due to the following and not the result of a suicide attempt to the Department in the manner prescribed by (d) below:

- |   |   |
|---|---|
| 1. Alcohol (excluding alcoholic beverages and alcoholism) | ICD 980; E860.1-.9  |
| 2. Petroleum products                                     | ICD 981; E86 (E862.0-.9)  |
| 3. Solvents other than petroleum based                    | ICD 982 (982.0-.9); E862 (E862.0-.9)                                      |
| 4. Corrosive aromatics and caustic alkalis                | ICD 983 (983.0-.9); E864 (864.0-.4)                                       |
| 5. Lead and its compounds                                 | ICD 984; E866 (E866.0)  |
| 6. Other metals   | ICD 985 (985.0-.9); E866(E866.1.4)  |
| 7. Carbon monoxide  | ICD 986; E867, E868(E868.0-.9)  |
| 8. Other gases, fumes, or vapors                          | ICD 987 (987.0-.9); E869(E869.0-.9)                                       |
| 9. Other substances                                       | ICD 989 (989.0-.9) E861 (E861.0-.9),<br>E863 (E863.0-.9) E866 (E866.0-.9) |

(d) The routine mechanism for hospital reporting shall be electronic hospital discharge data reported to the Department under N.J.S.A. 26:2H-1 et seq. and N.J.A.C. 8:31B-2.

(e) The Department may require hospitals to provide additional information after receipt of a specific report if information is missing or other information is necessary to carry out its public health mandate in accordance with the purposes of this chapter.]

**(c) A poisoning resulting from the toxic effect of one the following is reportable pursuant to (a) above, provided the poisoning is not the result of a suicide attempt:**

- 1. Alcohol (excluding alcoholic beverages and alcoholism);**
- 2. Carbon Monoxide;**
- 3. Corrosive substances;**
- 4. Halogen derivatives of aliphatic and aromatic hydrocarbons;**
- 5. Metals;**
- 6. Organic solvents;**
- 7. Other gases, fumes, or vapors;**
- 8. Other inorganic substances;**
- 9. Soaps and detergents; and**
- 10. Pesticides.**

**(d) The following injuries, if work-related or occupational, are reportable pursuant to (a) above:**

- 1. Fatal injuries; and**
- 2. Injuries in minors.**

8:58-1.5 Health care provider reporting of occupational and environmental diseases, injuries, and poisonings

(a) [The] **A** health care provider [attending any person] who [is ill or diagnosed with any of the] **diagnoses a person as having a** disease[s], [injuries] **injury**, or poisoning[s listed in] **that (b), (c), or (d) below identify** shall[, within 30 days after diagnosis or

treatment, report such condition] **complete the Occupational Disease, Injury, or Poisoning Report by Health Care Provider form with respect to the patient and submit the completed form to the [Department] Occupational Health Surveillance Unit within 30 days of making the diagnosis.**

[1. The health care provider may delegate these reporting activities to a member of the staff, but this delegation does not relieve the health care provider of the ultimate reporting responsibility.

(b) The health care provider shall report the following diseases, injuries, and poisonings to the Department for purposes of this section in the manner prescribed by (c) below]

**(b) The following diseases and conditions are reportable pursuant to (a) above:**

1. (No change.)

**2. Asthma, confirmed, work-related, and suspected, work-related;**

**3. Hypersensitivity Pneumonitis;**

[2.] **4. (No change in text.)**

[3.] **5. Unspecified/Other Pneumoconiosis[, other and unspecified]; and**

[4. Work-related asthma: possible, probable, and confirmed;

5. Extrinsic Allergic Alveolitis;]

**6. Other occupational disease.**

**(c) The following injuries and conditions, if work-related or occupational, are reportable pursuant to (a) above:**

**1. Carpal tunnel syndrome;**

**2. Fatal injuries;**

**3. Injuries in minors; and**

**4. Unspecified contact dermatitis.**

**(d) A poisoning due to the toxic effect of one of the following substances is reportable pursuant to (a) above, provided that if (d)1 through 5 below specify a minimum level for the substance, only upon a diagnosis at or above the specified level:**

**1. Arsenic:**

**i. In blood at level greater than or equal to 0.07 micrograms per milliliter; or**

**ii. In urine at level greater than or equal to 100 micrograms per liter;**

**2. Cadmium:**

**i. In blood at level greater than or equal to five micrograms per liter of whole blood; or**

**ii. In urine at level greater than or equal to three micrograms per gram of creatinine;**

**[6.] 3. Lead [toxicity, adult (defined as] in a person of 16 years of age or older:**

**i. In blood [lead  $\geq$  25] at level greater than or equal to five micrograms per deciliter; or**

**ii. In urine [lead  $\geq$  80] at level greater than or equal to 32 micrograms per liter[)];**

**[7. Arsenic toxicity, adult (defined as blood arsenic  $\geq$  0.07 micrograms per milliliter; urine arsenic  $\geq$  100 micrograms per liter;]**

**[8.] 4. Mercury [toxicity, adult (defined as]:**

i. In blood [mercury  $\geq$ ] at level greater than or equal to 2.8 micrograms per deciliter; or

ii. In urine [mercury  $\geq$ ] at level greater than or equal to 20 micrograms per liter[]];

[9. Cadmium toxicity, adult (defined as blood cadmium  $\geq$  five micrograms per liter of whole blood; urine cadmium  $\geq$  three micrograms per gram creatinine);]

[10.] 5. Pesticide [toxicity]; and

[11. Work-related injuries in children (under age 18);

12. Work-related fatal injuries;

13. Occupational dermatitis;

14. Work-related carpal tunnel syndrome; and]

[15.] 6. [Poisoning caused by known] **Other substance** or [suspected] **toxin, unspecified, if exposure is work-related or occupational** [exposure].

[(c) The health care provider shall report any other occupational disease, not already specified in (b) above, that in his or her professional opinion occurs as a result of work or occupational activity and is a threat to worker health.

(d) The health care provider shall report the information required pursuant to (a) above using the Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider form (OCC-31), available in the chapter Appendix.

(e) The Department may require a health care provider to submit additional information after receipt of a specific report if information is missing or other information is necessary to carry out its public health mandate in accordance with the purposes of this chapter.]

### **8:58-1.6 Additional information to be provided**

**The Department may require a hospital and/or a health care provider to provide additional information after receipt of a report pursuant to this chapter if information is missing or if the Department requires other information as necessary to conduct surveillance, perform research, and/or undertake other public health activities.**

### 8:58-[1.6]1.7 Confidentiality

(a)-(b) (No change.)

[(c) Medical and epidemiologic information, which the Department gathers in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual, is confidential and not open to the public inspection without the individual's consent, except as may be necessary to carry out the Department's duties to protect the public health.

(d) The Department may disclose medical and epidemiological information collected pursuant to this chapter in statistical or other form, which does not disclose the identity of any individual.]

### 8:58-[1.7]1.8 Penalties

(a) [Any hospital administrator or health care provider that violates any provision]

**Violations** of this chapter [shall be] **are** subject to the penalties established at N.J.S.A. 26:1A-10.

1. Each violation of any provision of this chapter [shall] constitute a separate offense.

APPENDIX

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369

**ADDITIONAL INFORMATION FOR COMPLETING THE  
OCCUPATIONAL AND ENVIRONMENTAL DISEASE, INJURY, OR POISONING  
REPORT BY HEALTH CARE PROVIDER FORM (OCC-31)**

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N.J.A.C. 8:58-1.5 requires a health care provider who diagnoses a person as having a disease, injury, or poisoning listed therein to complete the Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider form with respect to the patient and submit the completed form to the Occupational Health Surveillance Unit within 30 days of making the diagnosis.

"Health care provider" means a person whom the State of New Jersey licenses pursuant to Title 45 of the New Jersey Revised Statutes, and acting within the respective licensed scope of practice, as a physician, a physician assistant, or an advanced practice nurse.

**DIAGNOSTIC INFORMATION (SECTION II)**

- Health care providers must report any occupational disease conditions, regardless of whether or not the disease is included among the reportable conditions listed in N.J.A.C. 8:58-1.5. If the disease condition is not listed, health care providers must specify the disease in "Other Occupational Disease." "Other occupational disease" means a disease that results from work or occupational activity and that a health care provider believes to be a threat to worker health.
- "Suspected, work-related" means, as used to describe asthma, the presentation of symptoms of asthma and a patient-reported work-related temporal pattern of symptoms of asthma.
- "Confirmed, work-related" means, as used to describe asthma, a diagnosis of asthma and a patient-reported work-related pattern of symptoms of asthma.
- All reports must indicate "Date of Onset of Disease, Injury or Poisoning" AND "Date of First Diagnosis" as separate dates even if the dates are the same.
- If the occupational diagnosis for a "Suspected" work-related asthma is subsequently "Confirmed," the health care provider must submit an updated form confirming the diagnosis and exposure agents.

**HEAVY METAL TOXICITY (SECTION III)**

- Lead in blood at a level greater than or equal to five micrograms per deciliter or in urine at a level greater than or equal to 32 for all persons 16 years of age or older must be reported.

Completed reports must be mailed to the address above or faxed to (609) 292-5677. Additional information or report forms may be obtained from the address above, or by calling (609) 826-4984.

*This form is also available online in Microsoft Word and in PDF format at  
[www.nj.gov/health/forms/](http://www.nj.gov/health/forms/).*

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INSTRUCTIONS: N.J.A.C. 8:58-1.5 requires a health care provider who diagnoses a person as having a disease, injury or poisoning listed therein to complete the Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider form with respect to the patient and submit the completed form to the Occupational Health Surveillance Unit within 30 days of making the diagnosis. All information **MUST** be completed. Mail **completed** report to above address or fax to (609) 292-5077. See Additional Information Sheet for clarification.

Date of Report  
 \_\_\_/\_\_\_/\_\_\_

SECTION I - PATIENT INFORMATION										
Name of Patient (Print)						Date of Birth ___/___/___				
Street Address						Age (if DOB Unavailable)				
City			State		Zip Code		Home Telephone Number ( )			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander			Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
SECTION II - DIAGNOSTIC INFORMATION										
Date of Onset of Disease, Injury, or Poisoning ___/___/___		Diagnosis <input type="checkbox"/> Asbestosis <input type="checkbox"/> Asthma, Suspected, Work-Related <input type="checkbox"/> Asthma, Confirmed, Work-Related <input type="checkbox"/> Hypersensitivity Pneumonitis <input type="checkbox"/> Silicosis <input type="checkbox"/> Unspecified/Other Pneumoconiosis <input type="checkbox"/> Other Occupational Disease, Specify: _____			Work-Related: <input type="checkbox"/> Carpal Tunnel Syndrome <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Injury In Minors (Under Age 18) <input type="checkbox"/> Unspecified Contact Dermatitis (Occupational)			Poisonings: <input type="checkbox"/> Arsenic (Complete Section III) <input type="checkbox"/> Cadmium (Complete Section III) <input type="checkbox"/> Lead (Complete Section III) <input type="checkbox"/> Mercury (Complete Section III) <input type="checkbox"/> Pesticide <input type="checkbox"/> Other Substance or Toxin Unspecified, Work-Related		
Date of First Diagnosis ___/___/___										
SECTION III - HEAVY METAL TOXICITY										
SAMPLE TYPE	ARSENIC		CADMIUM		LEAD (16 Years of Age or Older)		MERCURY			
	Reportable Level	Value (with Unit)	Reportable Level	Value (with Unit)	Reportable Level	Value (with Unit)	Reportable Level	Value (with Unit)		
BLOOD	≥ .07 µg/mL		≥ 5 µg/L Whole Blood		≥ 5 µg/dL		≥ 2.8 µg/dL			
URINE	≥ 100 µg/L		≥ 3 µg/gram creatinine		≥ 32 µg/L		≥ 20 µg/L			
Name of Testing Laboratory, if Applicable						Telephone Number ( )				
Street Address						Date Sample Taken ___/___/___				
City			State		Zip Code		Date Sample Analyzed ___/___/___			
SECTION IV - PLACE OF EXPOSURE / INJURY / ILLNESS										
Workplace at which Exposure, Injury or Illness Occurred										
Street Address				City		State		Zip Code		
Job Title or Type of Work Performed by Patient				Dates of Employment From: _____ To: _____						
Patient-Reported Cause of Symptoms						Is Patient still employed at workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
SECTION V - HEALTH CARE PROVIDER INFORMATION										
Name of Health Care Provider (Print)						Telephone Number ( )				
Facility Name										
Facility Address				City		State		Zip Code		
Comments by Health Care Provider (if any)										