

NEW YORK STATE DEPARTMENT OF HEALTH

CONTACT INFORMATION FORM TO REQUEST BIOMONITORING

**Biomonitoring Project to Assess Exposure to Perfluorooctanoic Acid (PFOA):
Hoosick Falls Area, Rensselaer County, NY**

- The New York State Health Department (NYS DOH) will be collecting blood samples as part of a PFOA biomonitoring study for people who live in or near Hoosick Falls. People who participate will be asked to fill out a consent form and a questionnaire, and get blood drawn.
- NYS DOH will use this information to contact you about upcoming blood testing events.
- NYS DOH staff may contact you by telephone, email, or mail.
- Biomonitoring information and related events will be posted at www.health.ny.gov/environmental/investigations/hoosick/index.htm.
- You can also call the NYS DOH at 518-402-7950 and we can take this information by telephone.
- If you already have provided this information to someone at the NYS DOH, we have your request, and you do not need to fill out this form.

Last Name: _____

First Name (of person filling out form): _____

Date of Birth: ____/____/____

Gender: M F

Number of Household Members Requesting Biomonitoring:

_____ Adults (18 years and older)

_____ Children (17 years and younger)

Residential Address

Street: _____

City: _____ **State:** _____

ZIP: _____

Phone: (____)_____-____-____ (____)_____-____-____

Email: _____

Mailing Address (if different):

Street: _____

City: _____ **State:** _____

ZIP: _____

Completed forms should be sent by mail or email to:

New York State Department of Health
Empire State Plaza, Corning Tower Room 1203 (Attn: June Moore)
Albany, NY 12237

Email: BEQE@health.ny.gov