**Section 215.600 Quarterly Data Submission**

The following data shall be collected by the Center and submitted to the Department, as a three-month total, by the 30th of the month following March 31, June 30, September 30 and December 31. The Department shall audit quarterly reports in response to a complaint if the complaint concerns information submitted in the report.

a) Total Center encounters:

1) Total poisonings,

2) Information requests,

3) Education requests.

b) Age group of poison contact subject:

1) Under 5 years old,

2) 5-12 years old,

3) 13-18 years old,

4) 19-30 years old,

5) 31 years old and over, or

6) Unknown age.

c) Substance encountered:

1) Prescription medications,

2) Over-the-counter medications,

3) Veterinary medication,

4) Household products,

5) Insect/arachnid/reptile/animal bite/sting,

6) Beauty aids/cosmetics,

7) Plants,

8) Pesticides,

9) Hydrocarbon,

10) Street drug, or

11) Other.

d) Routes of poison contact:

1) Ingested,

2) Inhaled,

3) Skin contact,

4) Bites/stings,

5) Wound/puncture,

6) Eye contact, or

7) Other.

e) Reason why contact occurred:

1) Accident,

2) Prescribed,

3) Intentional,

4) Recreational,

5) Suicide,

6) Industrial/work-related, or

7) Other.

f) Source of call:

1) Local hospital,

2) Clinic/physician office,

3) Family/friend,

4) Self, or

5) Other.

g) Initial Center treatment rendered:

1) Instructed in home care, including follow-up calls and documented to private physician;

2) Local medical facility or physician office advised in initial care of patient;

3) After initial instructions, patient referred to local human poison control center;

4) After initial instructions, patient referred to local hospital;

5) Patient referred directly to private physician; or

6) After initial instructions, patient referred to ophthalmologist.

h) Final disposition of patients treated from subsections (g)(2), (3), (4), (5) and (6) of this Section:

1) Patient treated at medical facility and released;

2) Patient treated at medical facility and admitted;

3) Patient treated at medical facility and transferred to Regional Poison Control Center;

4) Patient refused care recommendations;

5) Death; or

6) Unknown.

i) Use of grant funds, if applicable.