

PBB, PCB, PBDE, PESTICIDE TEST REQUISITION

Michigan Department of Community Health, Bureau of Laboratories, 3350 North Martin Luther King Jr. Blvd.
Division of Chemistry and Toxicology, Analytical Chemistry Section

P.O. Box 30035 Lansing Michigan 48909 -7535 Phone (517) 335 - 9490 Fax (517) 335 - 9776 Web HTTP://www.Michigan.gov

| | |
|--------------------------------|---------------|
| Date Received In Laboratory | Sample Number |
|--------------------------------|---------------|

INDICATE TEST(S) REQUESTED - See Reverse Side for Collection Instructions

| | |
|----------|--|
| 1 | <input type="checkbox"/> PBB <input type="checkbox"/> PCB <input type="checkbox"/> PBDE <input type="checkbox"/> PESTICIDES <input type="checkbox"/> OTHER (SPECIFY) _____ |
|----------|--|

DATE COLLECTED

TIME COLLECTED

| | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|----------|--|--|--|--|--|--|--|--------------------------|--------------------------|
| 2 | M | M | D | D | Y | Y | Y | Y | 3 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | AM | PM |

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER)

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4 | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PATIENT'S STREET ADDRESS

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 5 | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

CITY

STATE

ZIP CODE

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| 6 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 7 | | | | | | | | | | |

GENDER

RACE

| | | | | | | | | | | | | | | | | | | | |
|----------|---------------------------------|-------------------------------|-----------|-------|-------|-------------|-----------------|------------------------|---------|--|--|--|--|--|--|--|--|--|--|
| 9 | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Female | <input type="checkbox"/> Male | 10 | Black | White | Multiracial | American Indian | Asian/Pacific Islander | Unknown | | | | | | | | | | |

ANCESTRY

SOCIAL SECURITY NUMBER

| | | | | | | | | | | | | | | | | | | | |
|-----------|--------------|--------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 11 | | | | | | | | | | | | | | | | | | | |
| | Hispanic | Non-Hispanic | 12 | | | | | | | | | | | | | | | | |
| | Arab Descent | Unknown | | | | | | | | | | | | | | | | | |

DATE OF BIRTH

MEDICAID NUMBER

| | | | | | | | | | | | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| 13 | M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | |
| | | | | | | | | | 14 - If Applicable | | | | | | | | | | |

SUBMITTER INFORMATION

| | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 15 | Return Results to | | | | | | | | | | | | | | | | | | |
| | | Phone | | | | | | | | | | | | | | | | | |
| | | Fax | | | | | | | | | | | | | | | | | |
| 16 | CONTACT PERSON/REFFERAL PHYSICIAN/PROVIDER: | 17 National Provider Identifier | | | | | | | | | | | | | | | | | |

MISCELLANEOUS

| | |
|-----------|--|
| 18 | |
|-----------|--|

| | | |
|---------------|---------------|---------|
| Date Analyzed | Date Reported | Analyst |
|---------------|---------------|---------|

INSTRUCTIONS FOR COLLECTION AND SUBMISSION OF SERUM, TISSUE AND BREAST MILK SPECIMEN FOR PBB, PCB AND PESTICIDE ANALYSIS

IMPORTANT: If the specimen container is received leaking, not properly labeled, test requisition not completed or a specimen label does not match test requisition, the specimen will not be tested.

NOTE: The 17 x 60 mm screw-capped specimen vials (9 mL capacity) has been rinsed with hexane to eliminate contaminants. All specimens should be transferred to these vials for submission to the laboratory.

SERUM SPECIMENS

1. **Perform venipuncture using a red-stoppered blood collection tube.** After sufficient clotting (one hour at room temperature), centrifuge the whole blood to separate cells and the clot from serum. **Do not use blood collection tubes that contain a serum separator.**
2. Transfer serum to the hexane-rinsed glass screw-capped specimen vials provided (**minimum volume of 4.0 mL**). Specimens less than 4.0 mL are not recommended.
3. Label the screw-capped specimen vials with the patient name and specimen collection date.
4. Complete the test requisition form. Retain a copy for your records.
5. Refrigerate serum at two to eight degrees centigrade until ready to ship to the laboratory.

TISSUE SPECIMENS

1. Collect adipose tissue (fat) specimen in the vial provided by MDCH. **The minimum acceptable specimen size is 0.5 grams of tissue.**
2. **Do not add a preservative to the specimen.**
3. Refrigerate until transported to the MDCH Bureau of Laboratories.
4. If possible, a serum specimen should be collected at the same time a tissue specimen is collected.

BREAST MILK SPECIMENS

1. If possible, take specimen from the middle of a feeding period. If not, be sure to indicate in the submitter information section of the test requisition form when the sample was expressed.
2. Prior to collecting the specimen, wash hands with soap and water, wash breast with plain water only. The specimen vial has been thoroughly cleaned. Please avoid touching the inside of the vial and cap during specimen collection.
3. Manually express the milk into the vial. **Please do not use a breast pump.** If possible, fill the bottle to the 2 oz. Marking; however, if this is not possible provide the minimum required specimen size of 1 oz.
4. Several collections may be required to obtain the necessary volume. **Refrigerate between collections.**
5. Freeze the sample when you have the required volume and are ready to ship to the laboratory.

SHIPPING INSTRUCTIONS

- A. When ready to ship samples, place no more than two screw-capped specimen vials that are labeled with the same name and collection date as used on the test requisition form, wrapped in absorbent material such as paper towel or tissue, into aluminum screw-capped can and tighten the cap.
- B. Place aluminum can with completed test requisition into screw-capped cardboard container and secure tightened cap with tape.
- C. Complete and apply return address and Biological Substance label to cardboard container and ship by the most rapid and convenient means available (e.g. private courier, U.S. Express mail, FedEx, etc.) to the Michigan Department of Community Health, Bureau of Laboratories, Division of Chemistry and Toxicology, Analytical Chemistry Section.