

Blood Lead Test Requisition
Michigan Department of Health and Human Services
Bureau of Laboratories - Trace Metals Section
P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909
Phone: 517-335-8059 Fax: 517-335-9871 Web: www.michigan.gov/mdhhs/trace

MDHHS USE ONLY	
Date Received @ MDHHS	Initials
MDHHS Specimen #	

Print in UPPERCASE using dark pen Detailed instructions on reverse

SUBMITTER INFORMATION

SUBMITTER INFORMATION (NAME, ADDRESS, CITY, STATE, & ZIP CODE)

SUBMITTER CLINIC CODE

TELEPHONE

FAX

PHYSICIAN/AUTHORIZED PROVIDER

NATIONAL PROVIDER IDENTIFIER

ICD-10 DIAGNOSIS CODE Z13.88 (SCREENING FOR CONTAMINANTS) OTHER / CODE

MAIL ADDITIONAL COPY TO CLINIC CODE

PATIENT INFORMATION

NAME (LAST, FIRST, M.I.)

ADDRESS

APARTMENT #

CITY STATE ZIP BIRTH DATE (MM-DD-YYYY)

PATIENT PHONE PARENT/GUARDIAN (LAST/FIRST)

GENDER MALE FEMALE RACE American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other ETHNICITY Hispanic or Latino Not Hispanic or Latino Unknown

SPECIMEN INFORMATION

TUBE / SUBMITTER ID COLLECTION DATE (MM-DD-YY) COLLECTION TIME (MILITARY) SPECIMEN TYPE CAPILLARY FILTER PAPER VENOUS

MEDICAID OR MANAGED CARE ORGANIZATION (MCO) INFORMATION

MEDICAID #/ MCO# PAYMENT ENCLOSED BILL TO SUBMITTER

MCO PROVIDER

PRIVATE INSURANCE INFORMATION

INSURANCE PROVIDER

SUBSCRIBER NAME (LAST, FIRST, M.I.)

SUBSCRIBER ADDRESS

APARTMENT #

CITY STATE ZIP SUBSCRIBER DOB (MM-DD-YYYY)

GROUP # POLICY/CONTRACT # RELATIONSHIP TO SUBSCRIBER SELF SPOUSE DEPENDENT

INSTRUCTIONS FOR COMPLETING THE BLOOD LEAD TEST REQUISITION

When preparing the request form, it is very important that the form is completely and properly filled out. A label may be used for the submitter information as long as the submitter clinic code is entered, to the right of the label, in the space provided.

If a specimen container is received leaking, it may have to be recollected.

- Do not write in the upper right corner of the form marked MDHHS USE ONLY.
- Legibly print the information on the form.
- Be sure to retain a copy of the request form for your records.

SUBMITTER INFORMATION

Submitter Clinic Code - If you do not have a clinic code, contact the MDHHS DASH unit prior to specimen submission, at (517) 335-8059.

Submitter Information – You are the submitter, the service provider who collected the specimen. Document your agency’s complete name and address, including the phone and fax numbers.

Physician/Authorized Provider – Record the name of the person who ordered the test to be performed.

* National Provider Identifier – Record the unique identification number of the Physician/Authorized Provider who ordered the test to be performed. **DO NOT USE AN ORGANIZATIONAL PROVIDER NPI!**

*ICD-10 Diagnosis Code – Check the appropriate box. If the “other” box is checked provide the appropriate diagnosis code. If no code is provided, you will be billed.

Mail Additional Copy To – This is optional and not a required field. If you would like the test results to be sent to an additional clinic, also provide that clinic’s code.

PATIENT INFORMATION

- Record the last name, first name, complete mailing address, birth date and phone number of the patient.
- Record the name (last, first) of the parent/guardian.
- Check the appropriate box associated with the gender, race, and ethnicity of the patient.

SPECIMEN INFORMATION

The specimen container MUST have TWO unique identifiers matching the requisition form; the lab reserves the right to NOT report testing results until the proper information is obtained.

Tube/Submitter ID - is a unique identifier you provide. Record this unique identifier on the specimen label along with the patient name.

Collection Date and Time – is the date (MM-DD-YY) and time of specimen collection in military time (00:00 – 24:00).

Specimen Type – Check the appropriate box.

MEDICAID AND PRIVATE INSURANCE INFORMATION

* Complete all insurance (Medicaid and/or Private) information requested on the form so the billing service can issue an accurate invoice. You will be billed if this information is incorrect or incomplete.

Make all checks payable to the State of Michigan and attach the check to the specimen requisition.

*Required for billing, if not provided you will be billed.