

INSTRUCTIONS FOR COMPLETING BLOOD LEAD SAMPLING REQUEST

When preparing the request form to be mailed to the laboratory, it is very important that the submitter and patient information section are completely and properly filled out. A stamp may be used for the submitter information as long as the submitter clinic code is entered in the upper left hand corner.

- Do not write in the upper right corner of the form.
- All information must be printed legibly in upper case letters using black or dark blue pen, or typed.
- The request form is set up to include only one patient's name.
- Be sure to make a copy of the request form for your clinic record.

SUBMITTER INFORMATION

Clinic Code - If you do not have a clinic code, contact the MDCH Lead Laboratory prior to sample submission, at (517) 335-8244.

Submitter - The submitter is the service provider who collected the sample. The submitter's complete name, complete address (including zip code), and where the results are to be sent must be included.

Phone Number - The phone number is included to confirm our submitter clinic code library information. It is stored in a library along with the other requested information and the submitter's option to have results faxed, e-mailed, or hard copied mailed.

PATIENT INFORMATION

Patient - The patient information includes:

- the last name, first name, and birth date
- complete mailing address, area code, and phone number
- sex, racial group, and ethnic notation, fill in appropriate circle

Parent/Guardian- It is important that the parent or guardian's name be recorded in order to contact the responsible adult caring for the child.

SPECIMEN INFORMATION

The tube ID number is a random / identifying number and should also be written on the specimen label along with the patient name. This double identifier is required for reduction of lab staff error and to allow proper bar coding. Enter the specimen date and collection time sample is drawn. Information is necessary to meet Federal regulations and requirements for the final report. The sample type should be given as either a capillary sample, filter paper or venous sample.

PAYMENT INFORMATION

Please enter all Medicaid or other insurance information clearly so the billing service can issue an accurate invoice. The submitter will be billed if this information is incorrect or incomplete.

OPTIONAL – MAIL ADDITIONAL COPY TO:

If different than the submitter, enter information about the physician or agency requesting test results: clinic code, and physician/agency. The clinic code library (three letter and two numbers) stores additional address information and the type (fax, e-mail, hardcopy) of report required by that clinic.