

Blood Lead Test Requisition
Michigan Department of Community Health
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: HTTP://www.Michigan.gov/mdchlab

Date Received @ MDCH	Initials
MDCH Specimen #	

Print in UPPERCASE using dark pen Detailed instructions on reverse

SUBMITTER INFORMATION

SUBMITTER CLINIC CODE SUBMITTER/AGENCY

ADDRESS TELEPHONE

CITY STATE ZIP

PHYSICIAN/AUTHORIZED PROVIDER NATIONAL PROVIDER IDENTIFIER

ICD-9 DIAGNOSIS CODE V825 (SCREENING FOR CONTAMINANTS) OTHER / CODE MAIL ADDITIONAL COPY TO CLINIC CODE

PATIENT INFORMATION

(LAST, FIRST, M.I.)

ADDRESS APARTMENT #

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

PATIENT PHONE PARENT/GUARDIAN (LAST/FIRST)

GENDER RACE ETHNICITY (If Appropriate)

MALE FEMALE White Black or African American Multi-Racial American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander Unknown Hispanic Middle Eastern or Arabic

SPECIMEN INFORMATION

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

CAPILLARY FILTER PAPER VENOUS

MEDICAID INFORMATION

MEDICAID #/ MCO# PAYMENT ENCLOSED BILL TO SUBMITTER PRIVATE INSURANCE - Other than Medicaid (Complete Subscriber Information Below)

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 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.
- 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

Mark appropriate method of payment circle. For payment-enclosed circle, make checks payable to the State of Michigan. Insurance companies cannot be billed. Provider (submitter) may be billed on a monthly basis. For a Medicaid insured child mark only the Medicaid circle and enter his/her 10-digit ID number (do not enter the case number).

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.