





## 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 or complete the editable form online at [www.michigan.gov/mdhhs/lab](http://www.michigan.gov/mdhhs/lab) and print off the necessary copies.
- 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 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 to 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, birthdate 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. Note that date of the collection is not considered a unique identifier.**

Tube/Submitter/Unique ID – is a unique identifier you provide. Record this unique identifier on the specimen label along with the patient first and last name.

Collection Date and Time – is the date (MM-DD-YYYY) 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, MCO, and/or Private) information requested on the form so the billing services 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.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.