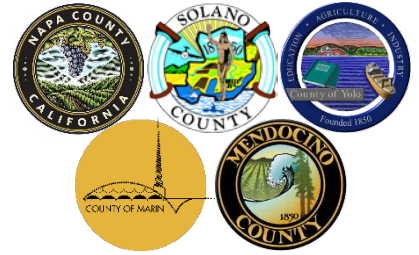# Blood Lead Testing Form
NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY

2201 COURAGE DRIVE MS 9-200, FAIRFIELD, CA 94533; TELEPHONE (707) 784-4410; FAX (707) 423-1979
www.solanocounty.com/depts/ph/bureaus/laboratory

SUBMITTER INFORMATION

Organization name:

Address:

Phone: **Fax:**

PATIENT DEMOGRAPHICS—PLEASE FILL COMPLETELY (Refer to website for race and ethnicity responses)

Last name	First name	Birthdate	Date collected
Address (#, street, city, zip)		☐ Male ☐ Female ☐ _____	Time collected
Telephone no.	Race	Ethnicity	

TEST SITE INFORMATION— PLEASE FILL COMPLETELY AND CLEARLY

Practitioner name, NPI #	Accession #	ICD-10-CM Code:

BILLING INFORMATION—PLEASE CHECK BOX FOR BILLING SOURCE AND WRITE-IN ACCOUNT NUMBER

ATTACH COPY OF PATIENT IDENTIFICATION CARD FOR TYPE OF COVERAGE

☐ Submitter   ☐ Partnership (PHC)   **NUMBER**:_____

☐ CHDP   ☐ Other:_____

☐ Medi-Cal

SPECIMEN TYPE/SOURCE—PLEASE CHECK APPROPRIATE BOX

☐ Blood fingerstick   ☐ Blood venous   Drawer's initials:_____

TEST INFORMATION

COMMENTS/SPECIAL INSTRUCTIONS:

SPECIMEN REQUIREMENTS

FINGERSTICK: Suggest using an adult lancet for finger puncture. Touch the capillary tube to the blood drop, and fill to the 50-microliter black line. Inspect the tube for proper filling. Place the capillary tube into the Treatment Reagent Vial, then insert the plunger into the top of the capillary tube and push down, ensuring that the entire volume of blood is dispensed. Replace the vial cap. Invert the vial 8 to 10 times to mix completely. Store refrigerated. The mixture of blood and treatment reagent is stable for up to 7 days if refrigerated.

VENOUS BLOOD: Use a green color top tube (heparin). Draw venous blood following standard protocol. Fill the capillary tube and place in Treatment Reagent Vial as described above.

Deliver vial immediately to the Public Health Laboratory. If unable to deliver immediately, place vial into refrigerator for courier pickup.

DATE/TIME RECEIVED