

## Vermont Department of Health Laboratory – Blood Lead Test Requisition

Mailing Address: PO Box 1125, Burlington, VT 05402-1125

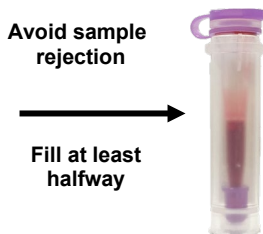
Physical Address: 359 South Park Drive, Colchester VT 05446 • (802) 338-4724 / (800) 660-9997 in VT only

*By using this form the submitter is requesting a blood lead test order to be placed at the Vermont Department of Health Laboratory.*

**All specimens must be labeled with matching patient name, date of birth and date of collection.**

For Laboratory Use Only	
VDH Lab Number/LIMS #	<input type="checkbox"/> Mis-matching Information between specimen and requisition <input type="checkbox"/> Missing information on specimen: __FN __LN __DOC __DOB <input type="checkbox"/> Missing purple end cap <input type="checkbox"/> No outer sleeve on capillary tube <input type="checkbox"/> No biohazard bag

Submitter/Practice Information			Patient Information	
Practice Name Or VDH District Office			Last Name <span style="float: right;">MI</span>	
Address			First Name	
State	Zip Code		Date of Birth (mm/dd/yyyy)	
City/Town		Gender Male Female		
Extension		Street Address		
Telephone Number			Apt # or Unit #	
Contact Person or Lead Designee			City/Town	
Primary Care Practice (for District Office purposes)			State	
Referring Physician (Last Name/First Name) Include credentials (MD, PA, etc.)			Zip Code	
NPI #			Race (check one): <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White	
			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
			Parent/Guardian Name (Last Name/First Name) And Contact Phone #	
			Occupation (if patient is ≥ 16 years old)    Name of Employer (if applicable)	

Specimen Information	Helpful Collection Tips
Source <input type="checkbox"/> Blood Capillary <input type="checkbox"/> Blood Venous	Collection instructions: <a href="https://www.healthvermont.gov/lab/forms">https://www.healthvermont.gov/lab/forms</a>  Education materials and clinical consultation: <a href="http://www.healthvermont.gov/lead">www.healthvermont.gov/lead</a>
Date of Collection (mm/dd/yyyy)	
ICD-10 Code:	
Avoid sample rejection 	

Billing Information		<input type="checkbox"/> See Attached Sheet	<input type="checkbox"/> Check if No Insurance
Subscriber Name	Medicaid Number		
Insurance Company Name	ID Number	Group Number	
Secondary Insurance Company Name	ID Number	Group Number	

**FORM INSTRUCTIONS AND WEBSITE ADDRESS PROVIDED ON THE BACK SIDE**

## Vermont Department of Health Laboratory – Blood Lead Test Requisition Form Instructions

Carefully read the following instructions. Using black or blue ink, complete the form in a clear and legible manner in the space provided. If additional space or information is necessary, submit additional pages with this form. The electronic form is a fillable document for typed entries.

Billing information may also be attached as a separate form; check box in Billing section “See Attached Sheet”.

### Submitter Section:

1. You must enter **Name, Address** and **Telephone Number** of the Practice or District Office and the **Referring Physician**.
2. Enter the Contact person or Lead designee and Phone for the individual(s) responsible for receiving elevated results.
3. Enter the Primary Care practice if the Submitter is NOT the Primary Care Practice.

### Patient Information Section:

1. The following fields must be entered: **Last Name, First Name, and Date of Birth**. This information must **exactly** match the specimen label.
2. Select **Gender**, Race and Ethnicity
3. Enter **Street Address, City, State and Zip Code**.
4. Enter Name of Parent/Guardian and phone number if patient is a minor.

### Specimen Information Section:

1. You must select the applicable **source** for the specimen.
2. Enter the **Date of Collection**.
3. Enter the appropriate **ICD-10** code.

### Billing Information Section:

1. Provide insurance information or check “No Insurance”.
2. Insurance information may be included on an attached sheet.

### Shipping Guidelines:

- Microvette tubes should have the smaller collection tube inside the protective outer tube to protect the small purple cap. This helps minimize sample loss and prevents contamination.
- Specimens must be inside a small biohazard labeled recloseable bag in order to follow Universal Precautions.
- Specimens can be shipped through the mail using VDHL mailing tubes, hand-delivered through a hospital courier or dropped off at the VDH laboratory.

Microvettes, venous tubes, biohazard labeled recloseable bags, instruction sheets, postage paid mailing tubes and requisition forms can all be ordered from the laboratory, **free of charge**, by calling Kit Preparation at (802) 338-4736 or use the order form. The order form can be mailed back to the Laboratory or faxed to (802) 338-4706.

All forms are available at the website [www.healthvermont.gov/lab/forms](http://www.healthvermont.gov/lab/forms)

Under Forms and Ordering, the following forms are located:

- ✓ Blood Lead Test Requisition Form
- ✓ Blood Lead Specimen Collection Instructions
- ✓ Blood Lead Supplies Order Form

**All fields are required to be filled out for VT/NH legal requirements for Reporting Blood Lead, CLIA certification requirements and VDH billing information.**

Contact the Healthy Homes Lead Poisoning Prevention Program for lead education materials and clinical consultation or go to [www.healthvermont.gov/lead](http://www.healthvermont.gov/lead)