

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

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

For Laboratory Use Only	
VDH Lab Number/LIMS #	

Submitter/Practice Information			
Practice Name		Specimen Collector Name	
Address		Contact Person and Contact Phone Number (for elevated results)	
City/Town	State	Zip Code	Referring Physician (Last Name/First Name)
Telephone Number	Extension	NPI #	

Patient Information				
Last Name	First Name	MI	Date of Birth: ____/____/____ (mm/dd/yyyy)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		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
City/Town		Parent/Guardian Name (Last Name/First Name) (if patient is a child)		
State	Zip Code	Occupation (if patient is ≥ 16 years old)	Name of Employer (if applicable)	

Specimen Information		
Source <input type="checkbox"/> Blood Capillary <input type="checkbox"/> Blood Venous	Date of Collection: ____/____/____ (mm/dd/yyyy)	ICD-10 Code:

Laboratory Test Requested
<input type="checkbox"/> Blood Lead

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

Contact the Healthy Homes Lead Poisoning Prevention Program for lead education materials and clinical consultation or go to www.healthvermont.gov

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 Submitter and the **Referring Physician**.
2. Enter the Contact person and the Contact Phone for the individual(s) responsible for receiving elevated results.
3. Enter the Specimen Collector Name.

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 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.

Laboratory Test Requested Section:

1. Select the **test requested** as Blood Lead.

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 VDHL 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 healthvermont.gov, select Laboratory Services, on the left under Quick Links. Under Forms and Ordering, the following forms are located:

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