

Capillary Blood Lead Testing Form

NAPA-SOLANO-YOLO-MARIN 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 (mm/dd/yyyy)	Date collected
Medical Record Number:			
Address (#, street, city, zip)	Pregnancy status <input type="checkbox"/> Pregnant <input type="checkbox"/> Not pregnant <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	Time collected
Telephone no.	Ethnicity	Race	

TEST SITE INFORMATION— PLEASE FILL COMPLETELY AND CLEARLY

Practitioner name, NPI #	Accession #	ICD-10-CM Code:
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BILLING INFORMATION—PLEASE CHECK BOX FOR BILLING SOURCE AND WRITE IN ACCOUNT NUMBER

ATTACH COPY OF PATIENT IDENTIFICATION CARD FOR TYPE OF COVERAGE

<input type="checkbox"/> Submitter	<input type="checkbox"/> Partnership (PHC)	NUMBER:
<input type="checkbox"/> CHDP	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Medi-Cal		

SPECIMEN TYPE/SOURCE—PLEASE CHECK APPROPRIATE BOX

<input type="checkbox"/> Blood fingerstick (capillary)	Drawer's initials: _____
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TEST INFORMATION

COMMENTS/SPECIAL INSTRUCTIONS:

SPECIMEN REQUIREMENTS

FINGERSTICK (CAPILLARY): 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.

DATE/TIME RECEIVED (PH Lab use only).