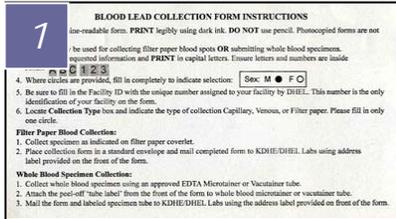


Kansas Health and Environmental Laboratories – Specimen Packaging and Shipping System Guide: Blood Lead (Filter Paper)

KDHE Division of Health & Environmental Laboratories Forbes Field, Building 740, Topeka, KS 66620 CLIA #17DO648254 Phone (785) 296-1620 Fax (785) 296-1641		Blood Lead Submission Form		Address Label KDHE/DHEL Labs Attn: Clinical Lead Bldg. 740 Forbes Field Topeka, KS 66620	9924807  9924807	9924807  9924807	Fold back wrap around cover before collecting filter paper blood lead specimen. The blood spots must be covered to meet U.S. Postal requirements  <p>BIOHAZARD</p> DO NOT cover blood spots until completely dry.
<input type="checkbox"/> Submitter Facility ID	<input type="checkbox"/> Patient's Medicaid Number	Collection Type: Cap. <input type="radio"/> Ven. <input type="radio"/> Fil. <input type="radio"/>					
Patient's Last Name		Patient's First Name					
Patient's Address				Sex: M <input type="radio"/> F <input type="radio"/>			
City		State	Zip		Ethnicity: His/Lat <input type="radio"/> Non His/Lat <input type="radio"/>		
Birthdate: MM/DD/YYYY		Collection Date: MM/DD/YYYY		Race: White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> HN, PI <input type="radio"/> AI, AN <input type="radio"/>			
<input type="checkbox"/> Physician's Last Name							

Kansas Health and Environmental Laboratories – Specimen Packaging and Shipping System Guide: Blood Lead (Filter Paper)



1 BLOOD LEAD COLLECTION FORM INSTRUCTIONS
Use a pen to fill in the Facility ID with the unique number assigned to your facility by DHHE. This number is the only identification of your facility on the form.
4. Where circles are provided, fill in completely to indicate selection: Sex: M F O
5. Be sure to fill in the Facility ID with the unique number assigned to your facility by DHHE. This number is the only identification of your facility on the form.
6. Locate Collection Type box and indicate the type of collection Capillary, Venous, or Filter paper. Please fill in only one circle.
Filter Paper Blood Collection:
1. Collect specimen as indicated on filter paper coverlet.
2. Place collection form in a standard envelope and mail completed form to KDHE/DHHL Labs using address label provided on the front of the form.
Whole Blood Specimen Collection:
1. Collect whole blood specimen using an approved EDTA Microtainer or Vacutainer tube.
2. Attach the post-off "tube label" from the front of the forms to whole blood microtainer or vacutainer tube.
3. Mail the form and labeled specimen tube to KDHE/DHHL Labs using the address label provided on front of the form.

1) Please read Blood Collection Instructions on back of form.



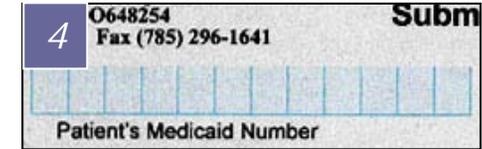
2 filter spec The be c Post
9924807
9924807
9924807

2) If collecting a whole blood specimen, place the barcode label designated tube label on the blood sample.



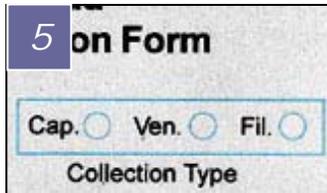
3 KDHE Division of Health and Environmental Laboratories
Forbes Field, Building 100
CLL
Phone (785) 296-1641
Submitter Facility ID

3) Complete the Submitter Facility ID.



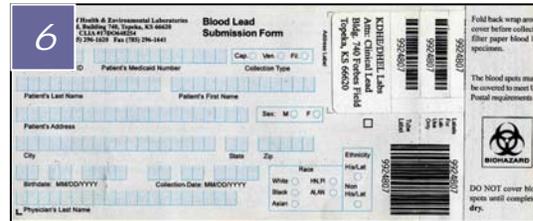
4 O648254 Fax (785) 296-1641 Subm
Patient's Medicaid Number

4) Must be completed if the patient has a Medicaid Number.



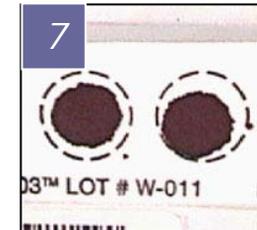
5 on Form
Cap. Ven. Fil.
Collection Type

5) Complete the Collection Type. Cap or Ven for whole blood specimens and Fil for filter paper screenings.



6 Kansas Health and Environmental Laboratories
4 Building 100, Forbes Field, Topeka, KS 66604
1-800-455-6222 Fax (785) 296-1641
Blood Lead Submission Form
Patient's Last Name Patient's First Name Sex: M F O
Patient's Address
City State Zip
Birthdate MM/DD/YYYY Collection Date MM/DD/YYYY Race: White HLR Black ALN Asian Other
Physician's Last Name
Epidemiology: HLR HSL HSL
DO NOT cover blood spots with completely dry.
BIOHAZARD

6) Complete the Patient's last name, first name, address, city, state, zip, birth date, collection date, physician's last name, race, sex, and ethnicity.



7) Collect Specimen and allow spots to dry completely; this will take a minimum of 2 hours.



8) After the blood spots dry, make sure the coverlet covers the blood spots.

Note: Blood spots must be at least the size of a ¼ inch standard hole punch.



9) Place the form into a leak proof and breathable envelope; filter papers with blood spots should **NOT** be placed in plastic or zip lock bags. Place the return address label (located on the front of the envelope and complete return address.

- Please write clearly and neatly.
- Mark all applicable areas completely.
- If you do not know your facility ID, call the KDHE Laboratories at: **(785) 296-1620**.
- Blood Lead Forms checked out by your facility may only be used by your facility. Please do not share with other facilities.