

North Carolina State Laboratory of Public Health (NCSLPH) Packaging and Shipping Instructions for Blood Lead Testing

<u>Shipping Method</u>	<u>Shipping Container</u>	<u>Regulatory Agency</u>
US Postal Service	Box	International Air Transport Association (IATA)
NC Courier System	Box	Dept. of Transportation

Maximum volume allowed: 50 ml per NCSLPH shipping container (box).

Suggested volume for each specimen. Minimum: 150 ul (left), ideal: 250 ul (right)



1. NCSLPH Blood Lead/Prenatal shipping container (box) with green NCSLPH shipping label

For shipping by US Postal Service or NC Courier System, order the box shipping container

Manila-type or padded envelopes are NOT appropriate shipping containers

****These specimens must be shipped at ambient temperature. Do not package with cold specimens.****



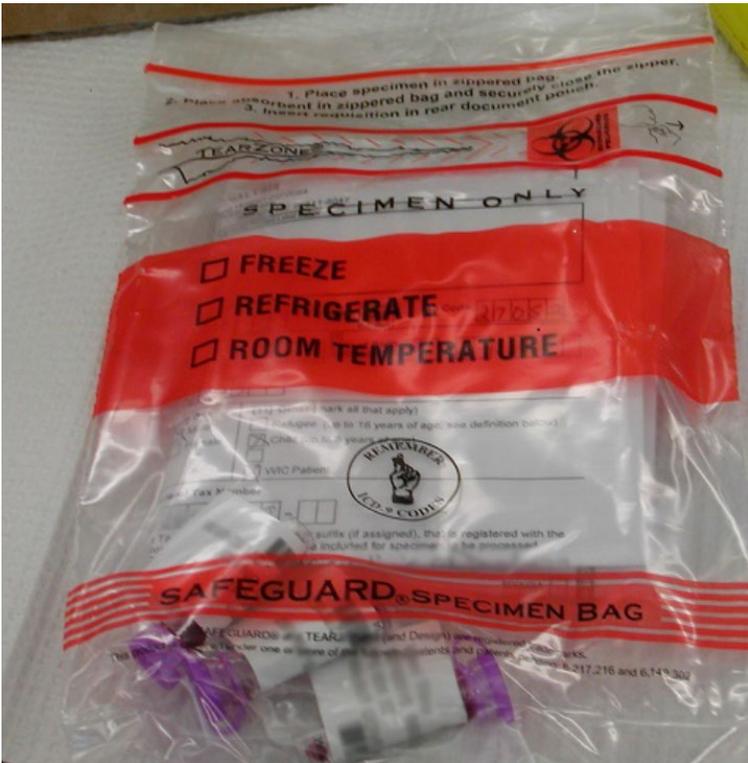
2. Securely sealed and labeled primary container (EDTA capillary tube/venous tube) with TWO identifiers



3. Cushioning and absorbent material



4. Leak-proof secondary container (zip-type baggie) with attached biohazard label



5. Completed requisition form for each specimen, printed from our website:

<https://slph.ncpublichealth.com/Forms/3707-Blood-Lead-Analysis.pdf>

Specimen and requisition must have TWO matching identifiers. Please enter all information:

First and last name of patient

Patient date of birth

Medicaid number if applicable

ICD-10 code (reason for testing)

Patient demographics (sex, race, etc.)

Date of Collection

Type of sample collected

Initial or follow-up blood lead test

Submitter EIN

Ordering provider and National Provider Identifier (NPI)

Patient medical record number or Social Security Number can also be used as a second unique identifier (optional)

BLOOD LEAD ANALYSIS
NC Department of Health and Human Services
State Laboratory of Public Health
4312 Capital Drive • P.O. Box 2616 Raleigh, NC 27611-0261
Revised Approval Period for State

(1) Last Name: **DOE** (2) First Name: **JANE** (3) Address: **111 Elm St** (4) City: **Raleigh** (5) County: **Durham** (6) State: **NC** (7) Zip Code: **27607**

(8) Date of Birth: **05/01/2020** (9) Social Security Number: **562033116-66** (10) Medicaid Number: **111223333** (11) ICD-10 Code: **91.00**

(12) Race (mark all that apply): White, American Indian/Alaska Native, Black, Native Hawaiian/Pacific Isles, Asian, Unknown. (13) Ethnicity: Hispanic, Non-Hispanic, Unknown. (14) Sex: Male, Female. (15) Other (mark all that apply): Refugee (up to 10 years of age; see definition below), Child (up to 6 years of age), Prenatal, WIC Patient.

(16) Date Collected (MM/DD/YYYY): **05/01/2021** (17) EIN / Federal Tax Number: **562033116-66**

(18) Specimen Data: Microtainer, Venous, Initial blood lead test, Follow-up blood lead test. (19) Ordering Provider NPI Number: **111223333**, Name: **STATE LABS**. (20) Lab Use Only: Specimen Missing, Submitter info not provided, Unsat Code: _____

INSTRUCTIONS
PURPOSE: To identify children up to 6 years of age with elevated blood lead levels.
PREPARATION OF SPECIMEN: Collect specimen following instructions in "SCOPE: A Guide to Services" on our website at <http://slph.ncpublichealth.com>, using recommended collection kits. Label each tube with patient's name and date of birth; refrigerate until shipped. Fill out this form and mail in appropriate mailer with the specimen to the State Laboratory of Public Health. Do not send without patient information on specimen or without a form.
PREPARATION OF FORM: Do Not Photocopy. Forms must be printed on plain white paper from our website at <http://slph.ncpublichealth.com>. For optimum accuracy, please print in capital letters and avoid contact with the edge of the boxes.
1) Enter patient's name, last name, first name and middle initial. Only approved labels may be used as an alternative.
2) Enter patient's home address on lines immediately below. This information is required for epidemiologic follow-up.
3) Enter county of residence of the patient (Health Departments use county code).
4) Enter patient number (SSN or other unique number).
5) Enter date of birth (not age).
6) Indicate if patient is a Medicaid client; if yes, enter Medicaid number.
7) Enter Diagnosis Code or ICD-9 Code number.
8) and 9) Indicate race, Hispanic ethnicity, and sex by checking the appropriate box. These data are for statistical purposes only.
10) Indicate if patient is a Refugee, Child, Prenatal or a WIC client.
11) Enter date the specimen is collected, Microtainer or Venous sample and Initial or Follow-up test.
12) Enter submitter federal tax number (EIN), including letter suffix (if assigned), that is registered with the State Laboratory of Public Health.
13) —person up to 18 years of age who has had to flee his/her country because of a well-founded fear of persecution for race, religion, nationality, opinion or membership in a particular social group; most likely he/she cannot or are afraid to return to his/her homeland. Refugee is a legal and permanent immigration status in the United States.

Packaging Instructions:

1. Place the capillary tube or venous tube labeled with two unique identifiers in a leak-proof zip type baggie marked with a biohazard symbol.
2. Place enough absorbent material (to soak up all of the liquid) inside the zip type baggie.
3. Place the zip type baggie into the shipping box (with green label).
4. Place enough cushioning material to hold the zip type baggie securely during transit.
5. Place requisition forms inside the box. (But NOT inside the zip type baggie with the specimens)
6. Seal the box. (Make sure the green NCSLPH shipping label is attached).
7. Place your return address label on the outside of box.

If you have any questions about packaging specimens for transport or Blood Lead testing at the NCSLPH, please call Kate Koehler, Hemachemistry Manager at 919-807-8878. Information is also available on the NCSLPH website: <https://slph.ncpublichealth.com/>