1) If you don't already have an account with the State Hygienic Lab (SHL), please call 800/421-4692 or 319/335-4500 to set one up.

2) **Test Request Forms (TRF)**

   a) Test Request Forms can be downloaded from our website:

      i) Go to: [http://www.shl.uiowa.edu](http://www.shl.uiowa.edu)

      ii) Click on the **Clinical Test Request Forms** (middle) button located on left side of screen):

      iii) **Step 1**: select **Blood Lead**

        iv) **Step 2**: scroll through list of organizations and click on bubble next to your organization (note: they are in alphabetical order).

        v) **Step 3**: click the **Submit** button and a fillable pdf blood lead test request form will open. You can either fill out the form electronically and print or you can print a blank form and fill out by hand.

   b) Filling out the TRF:

   **Patient Information**:

      i) Patient full legal name, date of birth, physical street address, gender, race & ethnicity.

      ii) Public Insurance: Medicaid or Medicare - the lab will bill Medicaid or Medicare. The lab does not bill private insurance at this time.

         (1) MCO (if applicable)

         (2) Medicaid/Medicare insurance ID number

         (3) ICD 10 or diagnosis code
Provider Information:

iii) Healthcare provider (Last Name, First Name)
iv) NPI (national provider identifier) number
v) Area Code and Phone Number

Organization Information (Results are reported to IDPH and this address):
If the organization is an existing client this information will be automatically filled on the form.

vi) Organization ID
vii) Organization Name
viii) Address, City, State, Zip

Sample Information:

ix) Collection Date
x) Collection Time (24hr)
xi) Blood Sample Type (Capillary or Venous)

3) Sample – the lab accepts both capillary or venous samples; no tube brand restrictions
   a) Please collect samples in a lavender top tube (EDTA) or microtainer. Supplies available (see #6)
   b) Sample Volume: the lab needs approximately 150 – 200 µL of blood for testing.
   c) Adequately label each specimen. Two patient identifiers that match the test requisition form are required.

4) Shipping
   a) Ambient shipping temperature (no need to ship cold)
   b) No time restrictions - you can collect samples over a few days and ship as a batch. The Iowa Department of Public Health (IDPH) recommends specimens be submitted within one week of collection.
   c) Packaging – multiple blood lead samples can be packaged in the same biohazard bag. No need to pack individually or ship separately.
d) If you use the courier service to send other samples to SHL, you can send blood leads through the courier too. If you don’t have access to the courier service, please send via USPS. The lab has shipping mailers available (see #6 C).

e) **Ship to Ankeny location** - blood lead testing is performed at the Ankeny Laboratory. Note: if samples are shipped to the Coralville location in error, Coralville will forward the samples to Ankeny but there will be a delay in testing.

5) **Reporting and Testing**

   a) Reports will be mailed to you or you can opt to download blood lead reports through our website. The **Test Results** button is above the Clinical Test Request Form button (see #2 for web address).
   
   i) If you do not have access to the web portal, you can request access by opening the Test Results page and click on the Web Portal Application Form.

   b) Our test method is ICP-MS and current report limit (lowest level of detection) is 2 µg/dL.

   c) Blood lead results of \( \geq 20 \) µg/dL – you will receive a courtesy call from the lab. Note: we also contact IDPH with results of \( \geq 20 \) µg/dL.

   d) All blood lead tests analyzed by SHL are directly reported to IDPH.

**Supplies**

   e) Multivette capillary collection tubes (100/box)

   f) Tube labels (100/roll) – labels are two-part; one with a barcode that goes on the TRF and one without barcode for the sample tube.

   
   Note: you do not need to use these labels. Please label sample(s) with two patient identifiers (name, date of birth, patient med req number, etc) if not using our tube labels.

   g) Shipping Mailers – three sizes; small, medium, or large
6) **Contact Information:**

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