

Reporting Title: Lead, Venous, w/Demographics, B
Performing Location: Rochester

Specimen Requirements:

Patient Preparation: High concentrations of gadolinium and iodine are known to potentially interfere with most inductively coupled plasma mass spectrometry-based metal tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

Supplies:

- Metal Free B-D Tube (EDTA), 6 mL (T183)
- Metal Free (Lead only) EDTA Tube, 3 mL (T615)

Container/Tube:

Preferred: Royal blue-top BD Vacutainer Plus with EDTA blood collection tube
Acceptable: Tan-top (lead only) BD Vacutainer Plus with EDTA blood collection tube
Specimen Volume: 2 mL

Collection Instructions:

1. See [Metals Analysis Specimen Collection and Transport](#) for complete instructions.
2. Send whole blood specimen in original tube. **Do not aliquot.**

Forms:

1. [Lead and Heavy Metals Reporting](#) (T491) or [Lead and Heavy Metals Reporting-Spanish](#) (T956)
2. If not ordering electronically, complete, print, and send a [General Request](#) (T239) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
DEMO8	PTAD8	Patient Street Address	Plain Text	Yes
DEMO8	PTCI8	Patient City	Plain Text	Yes
DEMO8	PTST8	Patient State	Plain Text	Yes
DEMO8	PTZI8	Patient Zip Code	Plain Text	Yes
DEMO8	PTCN8	Patient County	Plain Text	Yes
DEMO8	PTPH8	Patient Home Phone	Plain Text	Yes
DEMO8	PTRA8	Patient Race	Plain Text	Yes
DEMO8	PTET8	Patient Ethnicity	Plain Text	Yes
DEMO8	PTOC8	Patient Occupation	Plain Text	Yes
DEMO8	PTEM8	Patient Employer	Plain Text	Yes
DEMO8	GDFN8	Guardian First Name	Plain Text	Yes
DEMO8	GDLN8	Guardian Last Name	Plain Text	Yes
DEMO8	MDOR8	Health Care Provider Name	Plain Text	Yes
DEMO8	MDAD8	Health Care Provider Street Address	Plain Text	Yes

DEMO8	MDCI8	Health Care Provider City	Plain Text	Yes
DEMO8	MDST8	Health Care Provider State	Plain Text	Yes
DEMO8	MDZI8	Health Care Provider Zip Code	Plain Text	Yes
DEMO8	MDPH8	Health Care Provider Phone	Plain Text	Yes
DEMO8	LABP8	Submitting Laboratory Phone	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
65640	Lead, Venous, B	Numeric	mcg/dL	77307-7
PTAD8	Patient Street Address	Alphanumeric		56799-0
PTCI8	Patient City	Alphanumeric		68997-6
PTST8	Patient State	Alphanumeric		46499-0
PTZI8	Patient Zip Code	Alphanumeric		45401-7
PTCN8	Patient County	Alphanumeric		87721-7
PTPH8	Patient Home Phone	Alphanumeric		42077-8
PTRA8	Patient Race	Alphanumeric		32624-9
PTET8	Patient Ethnicity	Alphanumeric		69490-1
PTOC8	Patient Occupation	Alphanumeric		11341-5
PTEM8	Patient Employer	Alphanumeric		80427-8
GDFN8	Guardian First Name	Alphanumeric		79183-0
GDLN8	Guardian Last Name	Alphanumeric		79184-8
MDOR8	Health Care Provider Name	Alphanumeric		52526-1
MDAD8	Health Care Provider Street Address	Alphanumeric		74221-3
MDCI8	Health Care Provider City	Alphanumeric		52531-1
MDST8	Health Care Provider State	Alphanumeric		52532-9
MDZI8	Health Care Provider Zip Code	Alphanumeric		87720-9
MDPH8	Health Care Provider Phone	Alphanumeric		68340-9
LABP8	Submitting Laboratory Phone	Alphanumeric		65651-2

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
PBBV	Lead, Venous, B	1	83655	Yes	No
DEMO8	Patient Demographics			Yes	No

CPT Code Information:

83655

Reference Values:

<3.5 mcg/dL

Critical values

Pediatrics (< or =15 years): > or =20.0 mcg/dL

Adults (> or =16 years): > or =70.0 mcg/dL