

**Reporting Title:** Lead, Capillary, w/Demographics, B**Performing Location:** Rochester**Ordering Guidance:**

The Centers for Disease Control and Prevention recommends venous collection of samples for lead testing. Capillary lead testing is acceptable for pediatrics and patients with phlebotomy considerations, but capillary blood collection may be more susceptible to contamination. Elevated capillary blood levels must be confirmed with a venous lead blood test. See PBDV / Lead, Venous, with Demographics, Blood.

**Specimen Requirements:**

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

Supplies: Microtainer (EDTA) Tube, 0.5 mL (T174)

Collection Container/Tube: BD Microtainer with EDTA

Specimen Volume: 0.4 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.

**Specimen Minimum Volume:**

0.1 mL

**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
DEMO7	PTAD7	Patient Street Address	Plain Text	Yes
DEMO7	PTCI7	Patient City	Plain Text	Yes
DEMO7	PTST7	Patient State	Plain Text	Yes
DEMO7	PTZI7	Patient Zip Code	Plain Text	Yes
DEMO7	PTCN7	Patient County	Plain Text	Yes
DEMO7	PTPH7	Patient Home Phone	Plain Text	Yes
DEMO7	PTRA7	Patient Race	Plain Text	Yes
DEMO7	PTET7	Patient Ethnicity	Plain Text	Yes
DEMO7	PTOC7	Patient Occupation	Plain Text	Yes
DEMO7	PTEM7	Patient Employer	Plain Text	Yes
DEMO7	GDFN7	Guardian First Name	Plain Text	Yes
DEMO7	GDLN7	Guardian Last Name	Plain Text	Yes
DEMO7	MDOR7	Health Care Provider Name	Plain Text	Yes
DEMO7	MDAD7	Health Care Provider Street Address	Plain Text	Yes
DEMO7	MDCI7	Health Care Provider City	Plain Text	Yes
DEMO7	MDST7	Health Care Provider State	Plain Text	Yes
DEMO7	MDZI7	Health Care Provider Zip Code	Plain Text	Yes
DEMO7	MDPH7	Health Care Provider Phone	Plain Text	Yes
DEMO7	LABP7	Submitting Laboratory Phone	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
65639	Lead, Capillary, B	Numeric	mcg/dL	10368-9
PTAD7	Patient Street Address	Alphanumeric		56799-0
PTCI7	Patient City	Alphanumeric		68997-6
PTST7	Patient State	Alphanumeric		46499-0
PTZI7	Patient Zip Code	Alphanumeric		45401-7
PTCN7	Patient County	Alphanumeric		87721-7

Result ID	Reporting Name	Type	Unit	LOINC®
PTPH7	Patient Home Phone	Alphanumeric		42077-8
PTRA7	Patient Race	Alphanumeric		32624-9
PTET7	Patient Ethnicity	Alphanumeric		69490-1
PTOC7	Patient Occupation	Alphanumeric		11341-5
PTEM7	Patient Employer	Alphanumeric		80427-8
GDFN7	Guardian First Name	Alphanumeric		79183-0
GDLN7	Guardian Last Name	Alphanumeric		79184-8
MDOR7	Health Care Provider Name	Alphanumeric		52526-1
MDAD7	Health Care Provider Street Address	Alphanumeric		74221-3
MDCI7	Health Care Provider City	Alphanumeric		52531-1
MDST7	Health Care Provider State	Alphanumeric		52532-9
MDZI7	Health Care Provider Zip Code	Alphanumeric		87720-9
MDPH7	Health Care Provider Phone	Alphanumeric		68340-9
LABP7	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	Orderable Separately
PBBC	Lead, Capillary, B			Yes	No
DEMO7	Patient Demographics			Yes	No

**CPT Code Information:**

83655

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**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