

Lead, Venous, with Demographics, Blood

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.

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	Туре	Reportable
DEMO8	PTAD8	Patient Street Address	Plain Text	Yes
DEMO8	PTCI8	Patient City	Plain Text	Yes
DEMO8	PTST8	Patient State	Plain Text	Yes



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Test ID	Question ID	Description	Туре	Reportable
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	Туре	Unit	LOINC®
65640	Lead, Venous, B	Numeric mcg/dL		77307-7
	Also used by tests: PBBV			
PTAD8	Patient Street Address	Alphanumeric		56799-0
	Also used by tests: DEMO8			
PTCI8	Patient City	Alphanumeric		68997-6
	Also used by tests: DEMO8			
PTST8	Patient State	Alphanumeric		46499-0
	Also used by tests: DEMO8			
PTZI8	Patient Zip Code	Alphanumeric		45401-7
	Also used by tests: DEMO8			



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Result ID	Reporting Name	Туре	Unit	LOINC®
PTCN8	Patient County	Alphanumeric		87721-7
	Also used by tests: DEMO8			
PTPH8	Patient Home Phone	Alphanumeric		42077-8
	Also used by tests: DEMO8			
PTRA8	Patient Race	Alphanumeric		32624-9
	Also used by tests: DEMO8			
PTET8	Patient Ethnicity	Alphanumeric		69490-1
	Also used by tests: DEMO8			
PTOC8	Patient Occupation	Alphanumeric		11341-5
	Also used by tests: DEMO8			
PTEM8	Patient Employer	Alphanumeric		80427-8
	Also used by tests: DEMO8			
GDFN8	Guardian First Name	Alphanumeric		79183-0
	Also used by tests: DEMO8			
GDLN8	Guardian Last Name	Alphanumeric		79184-8
	Also used by tests: DEMO8			
MDOR8	Health Care Provider Name	Alphanumeric		52526-1
	Also used by tests: DEMO8			
MDAD8	Health Care Provider Street Address	Alphanumeric		74221-3
	Also used by tests: DEMO8			
MDCI8	Health Care Provider City	Alphanumeric		52531-1
	Also used by tests: DEMO8			
MDST8	Health Care Provider State	Alphanumeric		52532-9
	Also used by tests: DEMO8			
MDZI8	Health Care Provider Zip Code	Alphanumeric		87720-9
	Also used by tests: DEMO8			
MDPH8	Health Care Provider Phone	Alphanumeric		68340-9
	Also used by tests: DEMO8			
LABP8	Submitting Laboratory Phone	Alphanumeric		65651-2
	Also used by tests: DEMO8			

LOINC and CPT codes are provided by the performing laboratory.



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Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
PBBV	Lead, Venous, B			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