

**BLOOD LEAD ANALYSIS  
TEST REQUEST FORM**

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME				FIRST NAME				MI		COLLECTION DATE		TIME		REPORT		STAT			
/ /										AM / PM		<input type="checkbox"/> CALL <input type="checkbox"/> FAX		<input type="checkbox"/>					
DOB		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PT. ID# / ADDITIONAL INFO						PROVIDER: _____ (First, Last, MI)									
SSN		BILL TO: <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT INSURANCE		PATIENT INSURANCE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED						Account Number _____									
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)		ADDRESS						CITY		STATE		ZIP		Account Name _____					
ADDRESS		CITY		STATE		ZIP		Street Address _____											
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE				POLICY ID#				GROUP ID#				City		State		Zip Code			
INSURANCE COMPANY				PHONE NUMBER				Phone		Fax		SECONDARY / TERTIARY INS - ATTACH INFORMATION							
INSURANCE COMPANY ADDRESS		CITY		STATE		ZIP		EFFECTIVE DATE / /		<input type="checkbox"/> ABN ATTACHED <input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED		NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. <b>FOR MORE INFORMATION SEE <a href="http://reglab.org/billingcompliance/">reglab.org/billingcompliance/</a></b>							
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)		ICD-10 #1		ICD-10 #2		ICD-10 #3													

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER

**LEAD**  
**SOURCE: CAPILLARY**   
**VENOUS**

**PLEASE PROVIDE PATIENT ADDRESS**

**MANDATORY FOR TESTING**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

COMMENTS/ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Testing Supplies**

**Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.**

Supplies are ordered online at [reglab.org/customer-service/supply-orders/](http://reglab.org/customer-service/supply-orders/) testing supplies and log-on information may be obtained by calling Client Services  
Toll Free 800-334-0459  
Phone 402-559-6420

## **Courier Services**

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call  
client services Toll Free 800-334-0459  
Phone 402-559-6420

If shipping specimens address to:  
Regional Pathology Services  
University of Nebraska Medical Center  
668 S 41st St., MSB 3500  
Omaha, NE 68105-1180

## **Transport Instructions: Specimen Handling/Shipping**

To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at [reglab.org](http://reglab.org) for more information.

## **Questions?**

Contact client services at 800-334-0459