BLOOD LEAD SPECIMEN COLLECTION AND SHIPPING GUIDANCE

Indiana State Department of Health

550 West 16th Street, Suite B Indianapolis, IN 46202

Version: 4.2.2019

Contents

The Capillary Procedure2	2
Filter Paper Cards	<u>'</u>
Microtainer Tubes	ł
Venipuncture Procedure-Confirmatory	ł
Supplies	;
Shipping Blood Lead Specimens to ISDH	;
Filter Paper Shipping Instructions	;
Capillary Microtainer Shipping Instructions	;
Blood Tubes Shipping Instructions	,
Specimen Ordering in LIMSNet	3
limsnet.isdh.gov	3
Entering New Test Request)
Marking Specimens to Ship to Laboratory10)
Contact Information11	L

The Capillary Procedure

- 1.) Identify patient
- 2.) Wash hands before opening equipment box
- 3.) Cover clean work surface with paper towels from dust-proof supply box
- 4.) Place the following items (Figure 1) on the paper towel for each child being tested:
 - Gauze
 - Alcohol wipe
 - Lancet (blade style)
 - Filter paper card
 - Soap
 - Powder-free gloves

Filter Paper Cards

- 1.) Completely label filter paper card (Figure 2) with:
 - a. Child's full name
 - b. NOTE: each card is labeled with a number, this number is the SPECIMEN NUMBER which is entered into LIMSNet
- 2.) Wash child's hands with soap/water; dry with non-recycled paper towel from dust free box
- 3.) Do not allow child to touch anything afterward to prevent contamination
- 4.) Open flap of filter paper card (Figure 3), lay on flat surface
 - a. Do not touch any part of the filter paper or inside cover (shiny part) to avoid contamination
 - b. Do not fold flap under the filter paper
- 5.) Puncture finger with lancet. Pinky side of ring finger is a good choice
- 6.) Wipe away first blood drop using gauze

Figure 1. Capillary collection supplies





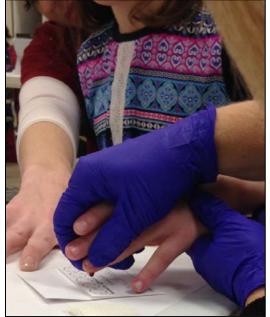
PerkinElmer	PerkinElm	ier 226	Spot Saver Card
		SN	6022926
	↑ Insert Flap	Here 1	1
Name:		5	Specimen Numb

Figure 3. Opened filter paper card, ready for collection



- 7.) Turn patient's hand downward such that the finger is pointing toward the floor (Figure 4)
- 8.) Allow large drop to form at puncture site
- 9.) Allow blood drop to <u>free-fall</u> onto collection card allowing card to absorb blood until circle is full
- NOTE: 1 free-falling drop of blood is approximately 50 µl of blood, which standardizes the test among all collectors. If you are touching the drop of blood to the filter paper card before it free falls, you are collecting LESS than 50µl of blood and your results will NOT be accurate
- 10.) Repeat until all circles have been filled (Figure 5) **NOTE**: <u>Minimum sample volume; 2 filled circles</u>
- 11.) Place gauze over site and ask parent/guardian to hold pressure on the finger
- 12.) Cap microtainer tube and invert to mix specimen immediately to prevent clotting

Figure 4. Example of good collection technique



- 13.) Label tube with label created in step 1; show to parent/guardian for confirmation of correct information
- 14.) If necessary, bandage finger
- 15.) Place filter paper on a drying rack (Figure 6), with the blood drops facing the ceiling. Be sure to AVOID any contact with blood drops.

*Allow to dry for AT LEAST 4 hours away from direct sunlight or drafts from heat or air conditioning

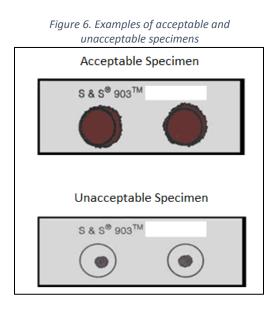
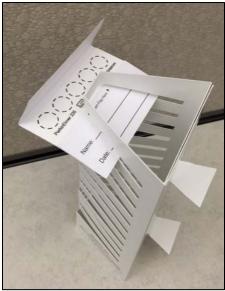


Figure 5. Drying rack with appropriately placed filter paper card



Microtainer Tubes

- 1.) Complete label for microtainer tube to include:
 - a. Child's full name
 - b. Date of Birth
 - c. Date of collection
- 2.) Wash child's hands with soap/water; dry with paper towel from dust free box
- 3.) Don't let child touch anything afterward to prevent contamination
- 4.) Open cap of microtainer and lay on flat surface
- 5.) Puncture finger with lancet. Pinky side of ring finger is a good choice
- 6.) Wipe away first drop using gauze
- 7.) Turn patient's hand downward such that the finger is pointing toward the floor (Figure 7)



Figure 7. Allow blood drops to fall into mircrotainer tube without scraping the finger. NOTE: Scraping the finger could cause contamination.

- 8.) Allow large drop to form at puncture site
- 9.) Allow blood drops to fall into microtainer tubes without scraping finger
- 10.) Fill tube to first line (approximately 250 µL); do this within 2 minutes of puncture
- 11.) Place gauze over site and ask parent/guardian to hold finger
- 12.) Cap microtainer tube and invert immediately; this mixes the specimen to prevent clotting
- 13.) Label tube with label created in step 1; show to parent/guardian for confirmation of correct information
- 14.) If necessary, bandage finger

Venipuncture Procedure-Confirmatory

- 1.) Identify patient
- 2.) Wash hands, tie tourniquet 3-4 inches above site (If it rolls up, it's too tight!)
- 3.) Have patient clench fist. Palpate veins in antecubital area
- 4.) Loosen the tourniquet once a vein has been selected
- 5.) Assemble your equipment, this may also be completed in the beginning
- 6.) Tighten tourniquet again
- 7.) Relocate vein and cleanse with 70% isopropyl alcohol
- 8.) Allow alcohol to dry, less pain for patient this way

- 9.) Place collection tube in tube holder (adapter); remove cap of needle
- 10.) Turn needle to bevel up position!
- 11.) Pull skin taut just below puncture site (less painful for patient)
- 12.) Insert needle at 30° angle (or less)
- 13.) Insert quickly, but not so fast you go through the vein
- 14.) Do not weave needle into vein (like IV start)!
- 15.) You only need the bevel of needle in the vein to successfully draw blood (passing through the vein will cause a hematoma, or bleeding under the skin)
- 16.) Push tube into adapter while pulling on lip edges of adapter to allow smooth insertion of rear needle into collection tube
- 17.) Allow tube to completely fill with blood.
- 18.) To remove tube: pull tube with fingers while pushing on adapter wings with thumb of same hand to allow smooth removal of collection tube from rear needle
- 19.) Remove tourniquet (can be removed during last tube; removing needle prior to removal of tourniquet can cause a hematoma)
- 20.) Place gauze over needle (without pushing down)
- 21.) Remove needle quickly, then put pressure with gauze
- 22.) Invert all tubes 5-7 times to mix
- 23.) If patient is competent enough, ask them to hold pressure while you label the tubes with the patient name, DOB, DOC, etc.
- 24.) Hold for 1-2 min. Do not bend arm; not helpful...not even recommended
- 25.) Once bleeding has stopped (<u>and you have to check!</u>), then apply bandage
- 26.) Checking to see if bleeding has stopped takes 5-10 seconds (application of bandage <u>before</u> bleeding has stopped can cause a hematoma)

Collection Tubes K2 EDTA preferred







Supplies

The Indiana State Department of Health (ISDH) Laboratories sends participating providers with collection supplies for capillary collection to include lancets, filter paper cards, alcohol prep pads, gauze and

bandages. In addition, the ISDH Containers Division at the laboratories will supply shipping containers for venipuncture confirmatory specimens. To order supplies, please go to <u>http://www.in.gov/isdh/19144.htm</u>.

Shipping Blood Lead Specimens to ISDH

Filter Paper Shipping Instructions

- 1.) Place dried filter paper in zipper bags once dried.
- 2.) Each sample must be individually bagged

<u>Up to 8-bagged</u> samples may be placed into an envelope (Figure 9) for shipment to the ISDH Laboratories for testing.

Include LIMSNet Cover Sheet (Figure 10) with specimens.



Figure 9. Pre-paid envelope for shipment to the ISDH Laboratories

Baecode print pa	85			Page 1 o			
Limenket Sampion Respective ABCTESTING BITE							
Peckage ID: Submitter Nares: Submitter ID: Submitter ID:	178778 ABG TESTING BITE 550	00000	250215				
C15001301	0.00000.00000						
Fist Nere Gauge	Land Name Classwy	Spocimen # A02002	Date of Birth 111/1950				
Test Requested Coll Blood Least G25	lepton Date - Sample ID 14/2015						
C15001300							
Piest Name Malt	Lost Name Deess	Spocimes # Account	Date of Bith 115/1370				
	lection Date - Bample ID 36/2015						
C16001302	E DER DE FERE						
First Name Ban	Last Name Allesk	Spooliner # A00081	Data of Birth 1/5/1878				
	edito Date - Sample ID 19/2016						
C16601360	11 IB10 IB10 181						
First Name Alam	LestName Alte	Spectren# A00065	Data of Brith 115/1330				
	ection Dalle Stample ID 12/22145						
Naling Address							
ladara Ster Departer 200 W 100 Seret, Solo Indarapolo, DI 4630	t of Health Laboratories 18						

sheet; send to laboratory with

Capillary Microtainer Shipping Instructions

- 1.) Place completely labeled microtainer tubes in Styrofoam insert inside fiberboard box (Figure 11)
- 2.) Secure lid on fiberboard box
- 3.) Courier to ISDH Laboratory
- 4.) If NOT sending via courier
 - a. Place completely labeled microtainer tubes in biohazard zipper baggie
 - Place baggie in secondary container which meets USPS, UPS, or FedEx mailing requirements for Category B Infectious Substances
 - c. Send to ISDH Laboratory at: 550 W. 16th Street, Indianapolis, IN 46202 "Attention: Blood Lead Laboratory"



Figure 11. Microtainer transport box

Blood Tubes Shipping Instructions

- 1. Packaging (Figure 12) consists of the following components: primary receptacles (individual blood tubes not currently provided by ISDH Laboratories), secondary packaging (materials used to protect primary blood tubes), and outer packaging (polystyrene foam-insulated, corrugated fiberboard shipper)
- 2. Place labeled venous tube in a leak proof container or baggie
- **3.** Place enough absorbent material to soak up all the liquid. Paper towels or tissues are both appropriate
- **4.** Place baggie with specimens into an outer shipping box. Add cover sheet to the box
- 5. Place enough cushioning material inside the box to hold specimens in place
- **6.** Seal shipping box and add appropriate shipping label
- 7. DO NOT place biohazard symbol on the outside of the container; it should be placed on the secondary container
- **8.** Follow appropriate shipping regulations for UN3373 Category B infectious substances
 - ***UPS, USPS, FEDEX are all available to ship the specimens to the ISDH Laboratories at:

550 W. 16th Street, Suite B Indianapolis, IN 46202 **ATTENTION: Blood Lead Laboratory**

9. For shipping multiple specimens together, please notify our laboratory to make arrangements for multi-specimen shippers (Figures 13 and 14)







Figure 13. Secondary container for multiple

Figure 14. Example shipping container for multiple venipuncture specimens



Specimen Ordering in LIMSNet

limsnet.isdh.gov

Use Internet Explorer when logging into LIMSNet.

If you have trouble logging in (Figure 15), click on the *Forget Your Password?* link, this command will email you a temporary password. Keep in mind, your <u>password must be changed every 3 months</u>, otherwise it becomes invalid.

The temporary password is long and contains many symbols, so it is better to copy and paste the password, rather than typing it in.

If you do not receive an email in your inbox, check your spam folder.

If you still can't find it, call our help desk at 317-921-5506. If you cannot reach a live person, leave us an email at <u>LIMSAppSupport@isdh.in.gov</u>

Announcements are posted right below login information to update you on any changes to LIMSNet.

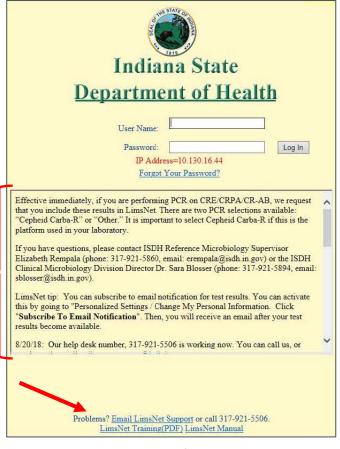


Figure 15. LIMSNet Log-in Screen

Be sure to take a look at the LIMSNet Training Manual. This link is on the bottom of the webpage.

Entering New Test Request

Log new test, located on the top left (Figure 16).

Enter all the information marked with a red asterisk.

Blood Lead Request Form INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES Specimen Collection, Packaging & Shipping Instructions Indiana Lead and Healthy Homes Supply order form Patient's Clinic ID Number *Patient's First Name Middle Init: *Patient's Last Name *Date of Birth *Sex: ⊙ Male ○ Female ○ Unknown Presnant No ○ Yes
 *Address Apt#: *City: *State: IN *Zip: *County: Select County ✓ Standardize Address Phone *Race. *Hispanic Ethnicity: O Hispanic or Latino () Asian O Not Hispanic or Latino O Black or African-American OUnknown O American Indian or Alaska Native O Native Hawaiian or Other Pacific Islander () White Other Unknown Guardian Last Name Guardian First Name. * Phone: ce Inform Insurer Name (Private): Insurance Type : ' Select Ins. Type 💙 Insurance/Medicaid No. Policy Holder First Name Policy Holder Last Name Group ID/MCO: Plan No. NO NPI Available: NPI* TEWI NPI Last Name/Organization Name* 1 NPI First Name PCP Last Name: PCP First Name: PCP Phone le Information *Date Of Blood Draw *Sample Type: O Blood Venou O Blood Capillary OFilter Test Reason Test Site: O Routine O Clinic O Confirmatory O Door to Door O Follow-up O Primary Physician O Poisoning Symptoms Other Fixed Site OUnknown O Unknown

*Confirm Specimen #

Save

Site: ABC TESTING SITE

es Test Results Personalized Se

Click on the <u>save</u> button on the bottom of the page. You should get a message indicating the form has been successfully saved. If not, there is missing information or some error in entry! Please scroll up to review the form.

Figure 16. Blood Lead requisition form

V

Log new test Blood Lead

Specimen #:

Alexandra Vavi

it Tests Packa

Marking Specimens to Ship to Laboratory

Once the form has been successfully saved:

Figure 17. Submit Tests screen

- a. Click on <u>Submit Tests</u> at the top of the screen (Figure 17). There you will see the saved entry or entries ready to ship
- b. Select the specimens you wish to ship (remember-5 per envelope please)
- c. Click on *Mark as Shipped* at the bottom of the screen; a window should pop up with the cover page containing the package ID and corresponding barcodes for you to print and send with your specimens

ss: //eportal.isdh.in.gov/LIM ♀ ▲ State of Ind ♥ ③ Submit Tests × ③ Test Submission System - Forg										
Log new test: Select C V Submit Tests Packages Test Results Personalized Settings Log Off										
Unsubmitted Samples if cover page D doesn't print										
Send	Ed	Delete	Date Created	Collection Date	Patient ID	First Name	Last Name	Test Type	User Name	Provider Code
	Ed	Delete	2/7/2019 11:54 AM	2/6/2019	121212	Rita	Hayworth	Blood Lead	jmadlem	990
	Edit	Delete	2/7/2019 11:43 AM	2/5/2019		George	Clooney	Blood Lead	jmadlem	990
	<u>Edit</u>	<u>Delete</u>	11/27/2018 10:57 AM	11/27/2018	0000000001	Influenza	12	Virology	bpope1	990
	Edit	<u>Delete</u>	11/27/2018 10:57 AM	11/27/2018	000000001	Influenza	11	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:56 AM	11/27/2018	000000001	Influenza	10	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:56 AM	11/27/2018	000000001	Influenza	9	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:55 AM	11/27/2018	000000001	Influenza	8	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:55 AM	11/27/2018	000000001	Influenza	7	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:53 AM	11/27/2018	000000001	Influenza	6	Virology	bpope1	990
	Edit	Delete	11/27/2018 10:52 AM	11/27/2018	000000001	Influenza	5	Virology	bpope1	990
12345678 Records Per Page: 10 ∨ Carrier: Submit Checked Samples Introving Innovative										

NOTE: If your pop-up blocker is on, this cover page window will not open; you may do one of two things:

- d. Click on *Packages* (**D above**), which will direct you to a link to the cover page on the far right
 - i. Package ID 209114 in Figure 16 on the following page; to print the corresponding cover page, click the cover page link to the far right
 - Don't forget to send cover page with specimens

OR: Turn off your pop-up blocker

307 unsubmitted tests. Jyl Madlem Site: ABC TESTING SITE Log new test: Select One ✓ Submit Tests Packages Test Results Personalized Settings Log Off								
Package Status								
	PackageID	<u>Assay</u>	ShipDate	Carrier	TrackingNu	umber #	[‡] Samples	
Select	269119	Blood Lead	2/7/2019			2	2	Cover Page
Select	267039	Enterics/Norovirus	1/1/2019			1		Cover Page
Select	265950	CTGC	12/7/2018			1		
Select	265948	CTGC	12/7/2018			1		
Select	265693	Bacterial VPDs	12/4/2018			1		Cover Page
Viewing reports requires a PDF reader. You can download Adobe's Acrobat PDF reader free.								

Figure 18. Packages screen; used to select cover page to print if pop-up fails

You're now ready to ship your specimens to the ISDH Laboratories at:

550 West 16th Street, Indianapolis, IN 46292; ATTENTION: Blood Lead Laboratory

Contact Information

<u>Case Management</u>: Teresa Kirby - <u>tkirby@isdh.in.gov</u> 317.233.8606 Gerri Anderson - <u>ganderso@isdh.in.gov</u> 317.233.1356

<u>Chemistry Division Director</u>: Mary Hagerman, MS - <u>mhagerma@isdh.in.gov</u> 317.921.5553

Laboratory Program Advisor: Jyl Madlem, MS, MT(AMT) - jmadlem@isdh.in.gov 317.475.4177

<u>Lead and Healthy Homes Division Data Processing Operator</u>: Kari Horsley - <u>khorsley@isdh.in.gov</u> 317.233.1296 for info on how to get started

LIMSNet Help Desk: LIMSAppSupport@isdh.in.gov 317.921.5506

Testing Supplies: http://www.in.gov/isdh/19144.htm; containers@isdh.in.gov 317.921.5875

