

Quarterly HOTLINE: Effective **November 12, 2018**

0020745

Lead, Blood (Capillary)

LEAD CAP

Specimen Required: Patient Prep: Clean puncture site well with soap and water before collection procedure begins.

Collect: Lavender **Pediatric** (EDTA).

Specimen Preparation: Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood. (Min: 0.3 mL)

Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.

Remarks: Trace Elements requisition form may be required (ARUP form #32990).

Unacceptable Conditions: **Specimens collected in tubes other than Lavender Pediatric (EDTA). Specimens transported in tubes other than trace-element free transport tubes or Lavender Pediatric (EDTA) tubes. Heparin anticoagulant. Clotted specimens. Venous whole blood, refer to Lead, Blood (Venous) 0020098.**

Stability (collection to initiation of testing): **Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable**

Interpretive Data: Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free collection/transport tube. **If contamination concerns exist due to elevated levels of blood lead, confirmation with a venous specimen collected in a certified lead-free tube is recommended.**

Repeat testing is recommended prior to initiating chelation therapy or conducting environmental investigations of potential lead sources. **Repeat testing collections should be performed using a venous specimen collected in a certified lead-free collection tube.**

Information sources for reference intervals and interpretive comments include the "CDC Response to the 2012 Advisory Committee on Childhood Lead Poisoning Prevention Report" and the "Recommendations for Medical Management of Adult Lead Exposure, Environmental Health Perspectives, 2007." Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations.

Age	Concentration	Comment
All ages	5-9.9 µg/dL	Adverse health effects are possible, particularly in children under 6 years of age and pregnant women. Discuss health risks associated with continued lead exposure. For children and women who are or may become pregnant, reduce lead exposure.
All ages	10-19.9 µg/dL	Reduced lead exposure and increased biological monitoring are recommended.
All ages	20-69.9 µg/dL	Removal from lead exposure and prompt medical evaluation are recommended. Consider chelation therapy when concentrations exceed 50 µg/dL and symptoms of lead toxicity are present.
Less than 19 years of age	Greater than 44.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.
Greater than 19 years of age	Greater than 69.9 µg/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.

See Compliance Statement B: www.aruplab.com/CS