

**Reporting Title:** Heavy Metals Scrn with Demographics

**Performing Location:** Rochester

**Necessary Information:**

If not ordering electronically, the [Lead and Heavy Metals Reporting \(T491\)](#) form is required. Send with specimen.

**Specimen Requirements:**

**Patient Preparation:** High concentrations of gadolinium and iodine are known to interfere with most metal tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

**Container/Tube:** Royal blue top (EDTA) plastic trace element blood collection tube

**Specimen Volume:** Full tube

**Collection Instructions:**

1. See [Trace Metals Analysis Specimen Collection and Transport](#) for complete instructions.
2. Send specimen in original collection tube. **Do not aliquot.**

**Forms:**

[Lead and Heavy Metals Reporting \(T491\)](#)

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
DEMO6	VECP6	Venous/Capillary	Answer List	Yes
DEMO6	PTAD6	Patient Street Address	Plain Text	Yes
DEMO6	PTCI6	Patient City	Plain Text	Yes
DEMO6	PTST6	Patient State	Plain Text	Yes
DEMO6	PTZI6	Patient Zip Code	Plain Text	Yes
DEMO6	PTCN6	Patient County	Plain Text	Yes
DEMO6	PTPH6	Patient Home Phone	Plain Text	Yes
DEMO6	PTRA6	Patient Race	Plain Text	Yes
DEMO6	PTET6	Patient Ethnicity	Plain Text	Yes
DEMO6	PTOC6	Patient Occupation	Plain Text	Yes
DEMO6	PTEM6	Patient Employer	Plain Text	Yes
DEMO6	GDFN6	Guardian First Name	Plain Text	Yes
DEMO6	GDLN6	Guardian Last Name	Plain Text	Yes
DEMO6	MDOR6	Health Care Provider Name	Plain Text	Yes
DEMO6	MDAD6	Health Care Provider Street Address	Plain Text	Yes
DEMO6	MDCI6	Health Care Provider City	Plain Text	Yes
DEMO6	MDST6	Health Care Provider State	Plain Text	Yes
DEMO6	MDZI6	Health Care Provider Zip Code	Plain Text	Yes

DEMO6	MDPH6	Health Care Provider Phone	Plain Text	Yes
DEMO6	LABP6	Submitting Laboratory Phone	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
32190	Arsenic, B	Numeric	ng/mL	5583-0
8682	Cadmium, B	Numeric	ng/mL	5609-3
8618	Mercury, B	Numeric	ng/mL	5685-3
2588	Lead, B	Numeric	mcg/dL	77307-7
VECP6	Venous/Capillary	Alphanumeric		31208-2
PTAD6	Patient Street Address	Alphanumeric		56799-0
PTCI6	Patient City	Alphanumeric		68997-6
PTST6	Patient State	Alphanumeric		46499-0
PTZI6	Patient Zip Code	Alphanumeric		45401-7
PTCN6	Patient County	Alphanumeric		87721-7
PTPH6	Patient Home Phone	Alphanumeric		42077-8
PTRA6	Patient Race	Alphanumeric		32624-9
PTET6	Patient Ethnicity	Alphanumeric		69490-1
PTOC6	Patient Occupation	Alphanumeric		11341-5
PTEM6	Patient Employer	Alphanumeric		80427-8
GDFN6	Guardian First Name	Alphanumeric		79183-0
GDLN6	Guardian Last Name	Alphanumeric		79184-8
MDOR6	Health Care Provider Name	Alphanumeric		52526-1
MDAD6	Health Care Provider Street Address	Alphanumeric		74221-3
MDCI6	Health Care Provider City	Alphanumeric		52531-1
MDST6	Health Care Provider State	Alphanumeric		52532-9
MDZI6	Health Care Provider Zip Code	Alphanumeric		87720-9
MDPH6	Health Care Provider Phone	Alphanumeric		68340-9
LABP6	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	Available Separately
ASB	Arsenic, B	1	82175	Yes	Yes
PBHMB	Lead, B	1	83655	Yes	Yes, (Order PBDV)
CDB	Cadmium, B	1	82300	Yes	Yes
HG	Mercury, B	1	83825	Yes	Yes

DEMO6	Patient Demographics			Yes	No
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**CPT Code Information:**

82175  
82300  
83655  
83825

**Reference Values:**

ARSENIC

<13 ng/mL

Reference values apply to all ages.

LEAD

0-5 years: <3.5 mcg/dL

> or =6 years: <5.0 mcg/dL

Critical values

Pediatrics (< or =15 years): > or =20.0 mcg/dL

Adults (> or =16 years): > or =70.0 mcg/dL

CADMIUM

<5.0 ng/mL

Reference values apply to all ages.

MERCURY

<10 ng/mL

Reference values apply to all ages.