



LEAD TESTING QUICK GUIDE

With LeadCare II® Analyzers

Using LeadCare II® Analyzers

Supplies Needed for Testing

- LeadCare II® Test Kit
- Sterile Lancet
- Alcohol Wipe
- Gauze pads
- Bio-hazard container
- Disposable gloves
- Lab coat & safety glasses
- Band-aids®
- Absorbent cover for supplies to be placed on
- Soap & water to clean collection site

Calibrating

Calibrate your Analyzer to the lot number in use per manufacturer instructions

Calibrate with your button:

- The first time you use the analyzer
- Each time you use a new test kit
- When the analyzer displays a recalibration message

QUESTIONS ON NEW HAMPSHIRE'S REPORTING REQUIREMENTS?

1-603-271-3968

Collecting Capillary Specimens for Lead

Personal and Area Prep

1. Designate a clean work area, specifically dedicated to blood lead testing.
2. Warm hands under warm water to ensure good blood flow
3. Scrub area to be punctured with soap & water. If water is not available, use pre-moistened towelettes.
4. Allow puncture site to air dry. Don't let area to come into contact with other surfaces.

Testing

1. Clean the area to be punctured with the alcohol pad and dry with gauze pad.
2. Using a lancet, puncture the finger pad to the side of the center.*
3. Wipe away the first drop of blood.
4. Hold the heparinized capillary tube almost horizontally, with the green band on top, fill to the 50 µL black line. Filling stops when the blood reaches the black line.
5. Remove the excess blood from the outside of the tube with a clean wipe or gauze pad. Use a downward motion to wipe excess blood from the capillary tube.
6. Dispense blood sample into treatment reagent vial. Gently invert the treatment reagent/blood mixture 8-10 times to lyse the blood.
7. Insert sensor into LeadCare II® Analyzer until it beeps and use transfer dropper to deposit sample onto the "X". The test will automatically begin. Record the result on the display window after 3 minutes.
8. Report all results. "Low" in the display window indicates a result less than 3.3 mcg/dL and must be reported as "less than (<) 3.3 mcg/dL".

Clean up

1. Clean your work area daily . When contaminated, use a 9 parts cool water and 1 part household bleach solution.

**Puncturing the fingers of infants less than 1 year old is not recommended by CDC. Obtain from heel area or big toe.*



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Troubleshooting for LeadCare II® Analyzers

Common issues, retesting, and information on venous confirmations

Child less than 1 year old

- Do a heel puncture. If difficulty arises with obtaining a specimen from the heel, use the large toe.

Unexpected Results

- Please refer to the Troubleshooting section of your LeadCare II® User's Guide.
- Elevated results may be due to skin contamination from not washing skin surface properly or contamination during the collection procedure. Confirm with a second specimen.
- Specimen may have had clotted blood.
- The analyzer was moved and has not warmed up to room temperature.
- Not enough blood was collected in the capillary tube.
- Mix blood with treatment reagent immediately and run test within 48 hours or refrigerate for up to 7 days.

Any result exceeding 5 mcg/dL or uncertainty in validity of the test

- Refer patient for [confirmatory venous testing](#)

If receiving a continuous error message

- Contact LeadCare II® Analyzer Product Support at 1-800-275-0102

Things to Remember

- Run Controls according to manufacturer instructions.
- The accuracy of the test depends on filling the capillary tube properly.
- Make sure blood reaches the 50µL black line without gaps or bubbles.

Confirmatory Venous Testing based on Capillary BLL

<5 mcg/dL

- Retest annually from the time they crawl to 6 years based upon risk factors

5 - 9 mcg/dL

- Retest in 3-6 months if under 3 years. If over 3 years test based upon risk factors

10 - 19 mcg/dL

- Venous confirmation in 1 month regardless of age

20 - 44 mcg/dL

- Venous confirmation in 48 hours regardless of age

45 - 65 mcg/dL

- Confirm within 48 hours regardless of age
- Any result >65 mcg/dL will be displayed as HIGH. All "HIGH" results should be followed up immediately as an emergency laboratory test.