

Beryllium Lymphocyte Proliferation Test – BELPT Requisition

BeLPT Sample Kits are available for purchase, please contact the lab to request an order form.

1. CLINIC / COMPANY			
Clinic/Company		Client ID	
Address		City	State Zip
Phone		Fax	
2. PATIENT IDENTIFICATION			
Name/De-Identified ID		DOB ____ / ____ / ____ DOB required if name is provided.	
<small>Name/De-Identified ID and/or DOB on sample tubes must match requisition.</small>			
Ordering Physician		Submitted by	
Collection Date		Collection Time	
<small>Collection date and time must be noted on the collection tubes and requisition.</small>			
3. BERYLLIUM LYMPHOCYTE PROLIFERATION			
If sending 10 or more samples per shipment/day, testing must be scheduled in advance by calling (303) 398-1288.			
<input type="checkbox"/> BeLPT	Beryllium Lymphocyte Proliferation – Blood CPT Code: 86355 <small>Draw 30-40 mL of blood, using green top tubes w/sodium heparin. Do not centrifuge. Keep at room temperature. Do not refrigerate.</small>		<input type="checkbox"/> New York State Specimen <small>NY State specimens must be received within 24 hours of collection. PFI 4749</small>
<input type="checkbox"/> BeBAL	Beryllium Lymphocyte Proliferation – Bronchoalveolar Lavage CPT Code: 86353 <small>BeBAL must be scheduled in advance by calling (303) 398-1288.</small>		
4. REPORT DELIVERY			
<input type="checkbox"/> Electronic Delivery of Results <small>Contact the Beryllium Program to set up an account, (303) 398-1722 or BerylliumGroup@njhealth.org.</small>			
<input type="checkbox"/> Secure Fax			
5. PAYMENT			
<input type="checkbox"/> Bill to Clinic/Company:		<input type="checkbox"/> Pay by Credit Card:	
Client ID		Name on Card	
Address		Address	
City	State Zip	City	State Zip
Billing Contact		Card #	
Phone	Fax	CVV	Exp Date
Email		Signature	
		Date	
<input type="checkbox"/> Pay Now - Attach Check (Payable to National Jewish Health).			
6. RELEASE OF INFORMATION			
<input type="checkbox"/> I hereby authorize National Jewish Health Advanced Diagnostic Laboratories to release medical information concerning beryllium lymphocyte testing to the employer named below.			
Patient Name		Signature	
Employer Name		Date	
Employer Address		City	State Zip
Employer Phone		Employer Fax	
SHIP BLOOD SAMPLES TO:			
Please ship priority overnight via FedEx or UPS. Samples must be received within 30 hours of collection.			
National Jewish Health Beryllium Laboratory 1400 Jackson St., Rm. M017 Denver, CO 80206 Phone: (303) 398-1288 Fax: (303) 270-2175 BerylliumGroup@njhealth.org www.njlabs.org			

SPECIAL INSTRUCTIONS