

Advanced Diagnostic Laboratories National Jewish Health®

Beryllium Laboratory | 303.398.1288 phone | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Beryllium Laboratory
1400 Jackson Street, Room M017
Denver, CO 80206

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 <i>Name/De-Identified ID and/or DOB on sample tubes must match requisition.</i>	DOB ___ / ___ / _____ <i>DOB required if name is provided.</i>		
Ordering Physician	Submitted by		
Collection Date <i>Collection date and time must be noted on the collection tubes and requisition.</i>	Collection Time		
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 <i>Draw 30-40 mL of blood, using green top tubes w/sodium heparin. Do not centrifuge. Keep at room temperature. Do not refrigerate.</i>		<input type="checkbox"/> New York State Specimen <i>NY State specimens must be received within 24 hours of collection.</i> PFI 4749
<input type="checkbox"/> BeBAL	Beryllium Lymphocyte Proliferation – Bronchoalveolar Lavage CPT Code: 86353 <i>BeBAL must be scheduled in advance by calling (303) 398-1288.</i>		
4. REPORT DELIVERY			
<input type="checkbox"/> Electronic Delivery of Results <i>Contact the Beryllium Program to set up an account, (303) 398-1722 or BerylliumGroup@njhealth.org.</i>			
<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