Reporting blood lead test results to the State of Alaska

All blood lead tests performed on Alaska residents must be reported to the Section of Epidemiology (SOE). Per 7 AAC 27.014, laboratories and providers performing blood lead testing (venous or capillary) are required to report all blood lead levels (BLLs) to SOE within 28 days, and providers are required to report BLLs ≥5 µg/dL within 7 days. This regulation has not yet been updated to correspond with the updated BLRV of ≥3.5 µg/dL, though it is recommended that providers report BLLs ≥3.5 µg/dL within 7 days.

All sites performing testing need to coordinate their reporting methodology with SOE to initiate reporting via an acceptable process.

Acceptable reporting methodologies include:

1. Electronic Lab Reporting (ELR) via HL7 2.5.1 messages
2. CSV line list uploaded to an SFTP folder
3. Faxing paper reports (this is to be used only as a last resort for testing facilities with very low volume or as an immediate stop-gap if other methods fail)

If the best option for your site is not immediately apparent or you have questions about any of these methods, we are happy to discuss. Please contact the Alaska Lead Surveillance Program staff to arrange a reporting method by calling (907)269-8000 or e-mailing us: Abby Nelson (abby.nelson@alaska.gov) and Stacey Cooper (stacey.cooper@alaska.gov).

ELR reporting instructions

Scope internally with your IT, LIMS, and EHR teams to ensure that your software can produce an HL7 2.5.1 message. Facilities with existing ELR feeds for reportable conditions do not need to initiate new feeds but should implement any necessary local changes to EHR and LIMS software that allow BLL tests to be included in the feed. Please review the Alaska Electronic Laboratory Results Reporting (ELR) Onboarding Process document as a first step in onboarding your facility as a trading partner with our health department.

CSV reporting instructions

CSV reporting is the preferred choice for sites that do not have existing ELR reporting capacity. Use the CSV file format included in this packet. Email the Alaska Lead Surveillance Program staff listed above to request initiation of an SFTP account, which will be provided via the Alaska Department of Health and Social Services SFTP vendor MoveIt. Facilities will be expected to review the file format, respond to formatting feedback, and reach 100% compliance with formatting expectations. Files should be saved as a .csv file type, not a .xlsx type. Formatting must follow the *exact* guidance below.

File format guidance

General formatting requirements: no commas or other special characters are allowed. If information is not available, leave blank rather than enter in "Unknown" or "N/A" or other indicator, but take note of the column status below prior to leaving any columns blank. The status column indicates whether a variable is required, preferred, or optional. RF variables, or "Required or will hard fail", indicates values that absolutely must be included in the file or the results import will fail. Items indicated R are required, and should be provided, but the message will not fail on import if not provided. Every reasonable effort should be taken to collect and report all required data elements.

COLUMN NAME	COLUMN HEADER	DESCRIPTION	STATUS (RF=REQUIRED OR WILL HARD FAIL, R= REQUIRED, P=PREFERRED, O=OPTIONAL)	FORMATTING REQUIREMENTS
A	reportingOrganizationCode	CLIA number of facility reporting results to the Section of Epidemiology	RF; If facility does not have a CLIA number, coordinate with Section of Epidemiology to be assigned a local ID number	CLIA number
B	reportingOrganizationDescription	Name of facility reporting results to the Section of Epidemiology	RF	No commas
C	firstName	Patient's first name	RF	No commas
D	middleName	Patient's middle name	O	Middle initial or middle name; No commas
E	lastName	Patient's last name	RF	No commas
F	dateOfBirth	Patient's date of birth	R	MM/DD/YYYY
G	patientSex	Patient's self-reported current sex	R	A= Ambiguous F= Female M= Male N= Not applicable O= Other U= Unknown Can leave blank for unknown
H	Race	Patient's self-reported race	P	1002-5= American Indian or Alaska Native 2028-9= Asian 2054-5= Black or African-American 2076-8= Native Hawaiian or Other Pacific Islander 2106-3= White 2131-1= Other race

I	Ethnicity	Patient's self-reported ethnicity	P	H= Hispanic or Latino N= Not Hispanic or Latino U= Unknown
J	Street	Patient's permanent residence street address	R	No commas
K	City	Patient's permanent residence city	R	
L	State	Patient's permanent residence state	R	2-letter code
M	Zip	Patient's permanent residence zip	R	5-digit zip
N	patientPhone	Current contact phone number	R	(XXX)XXX-XXXX
O	accessionNumber	Must be unique to patient/ test event	O; provide if generated at the facility, otherwise leave blank	
P	specimenCollectionDate	Date the specimen was collected	RF	MM/DD/YYYY
Q	specimenAnalysisDate	Date the test was performed	RF	MM/DD/YYYY
R	orderedTestCode	LOINC code	RF	10368-9= Capillary 77307-7= Venous If performing a specialized blood lead test, search for appropriate code at https://loinc.org/?s=blood+lead
S	orderedTestDescription	Test name, such as "Lead Blood capillary POC"	RF	
T	orderedTestCodingSystem	LN	RF	Literal value: LN
U	resultedTestName	Test name, such as "Lead Blood capillary POC"	RF	
V	resultedTestCode	LOINC code	RF	10368-9= Capillary 77307-7= Venous If performing a specialized blood lead test, search for appropriate code at https://loinc.org/?s=blood+lead
W	resultedTestCodingSystem	LN	RF	Literal value: LN
X	resultedTestResult	Numeric test result	RF	
Y	resultedTestNameTwo	Test name, such as "Mercury in Blood"	O; Only required if performing an ordered test with multiple resulted tests possible, such as a heavy metals panel	
Z	resultedTestCodeTwo	LOINC code, search for appropriate code based on performed test https://loinc.org/	O; Only required if performing an ordered test with multiple	LOINC codes only

			resulted tests possible, such as a heavy metals panel	
AA	resultedTestTwoCodingSystem	LN	O; Only required if performing an ordered test with multiple resulted tests possible, such as a heavy metals panel	Literal value: LN
AB	resultedTestResultTwo	Numeric test result	O; Only required if performing an ordered test with multiple resulted tests possible, such as a heavy metals panel	
AC	orderingProvider	Name of provider ordering the test	P	No commas; LASTNAME FIRSTNAME
AD	orderingProviderStreet	Street address of provider ordering the test	P	No commas
AE	orderingProviderCity	City of provider ordering the test	P	
AF	orderingProviderState	State of provider ordering the test	P	2-letter state abbreviation
AG	orderingProviderZip	Zip of provider ordering the test	P	5-digit zip code
AH	orderingFacilityID	CLIA number for the facility ordering the test	R; If facility does not have a CLIA number, coordinate with Section of Epidemiology to be assigned a local ID number	CLIA number (unless assigned a local ID by Section of Epidemiology)
AI	orderingFacilityDescription	Name of the facility ordering the test	R	No commas
AJ	orderingFacilityStreet	Street address of the facility ordering the test	R	No commas
AK	orderingFacilityCity	City of the facility ordering the test	R	
AL	orderingFacilityState	State of the facility ordering the test	R	2-letter abbreviation
AM	orderingFacilityZip	Zip of the facility ordering the test	R	5-digit zip code
AN	testingFacilityID	CLIA number for facility performing the test	R; If facility does not have a CLIA number, coordinate with Section of Epidemiology to be assigned a local ID number	CLIA number (unless assigned a local ID by Section of Epidemiology)
AO	testingFacilityDescription	Name of the facility performing the test	RF	No commas
AP	testingFacilityStreet	Street address of the facility performing the test	RF	No commas
AQ	testingFacilityCity	City of the facility performing the test	RF	
AR	testingFacilityState	State of the facility performing the test	RF	2-letter abbreviation
AS	testingFacilityZip	Zip of the facility performing the test	RF	5-digit zip code

Paper reporting instructions

Complete the Heavy Metal and Toxic Exposure Report Form for each person tested. Fax the form and a printed lab report (if available) to SOE at 907-561-4239. Manual paper reporting is exceedingly time consuming for facilities and SOE and is therefore *discouraged* unless no other method can be utilized. Please note that paper reporting is not an acceptable method for facilities reporting 10 or more tests per week.