

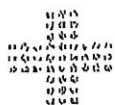
**BUTLER AREA SCHOOL DISTRICT
CENTRAL ADMINISTRATION
HARRIGER EDUCATIONAL SERVICES CENTER
110 CAMPUS LANE, BUTLER PA 16001
724-287-8721**

**Notice Regarding Blood Lead Level
And Serum Copper Level Testing**

The Butler Area School District Board of School Directors approved to contract with Butler Health System to perform blood lead level and serum copper level testing of students, faculty and staff of Summit Township Elementary School.

Parents, faculty and staff have the following options to obtain the blood lead level and serum copper level testing:

1. On-site testing at Broad Street Elementary School - Butler Health System staff will be at Broad St. Elementary School on Thursday February 16, 2017 from 9:00 AM to 3:00 PM.
 - a. **To make an appointment please call the school office at 724-214-3880.**
 - b. Parents or legal guardians are required to be present with their child for the appointment.
 - c. Provide to the lab personnel at the time of service the attached Lead Information form provided by BHS Laboratory.
2. Testing at Butler Health System Labs
 - a. Stop in to any of the BHS Laboratories located in Butler, PA and notify them that you are there to be tested related to Summit Township Elementary School and that the services should be billed to Butler Area School District. No prescription is needed from your family physician or pediatrician.
 - b. Complete the Lead Information form provided by BHS Laboratory and provide it to the lab personnel at the time of service.
3. The Board of School Directors also approved the reimbursement for blood lead level and serum copper level testing performed by a family physician. In order to obtain reimbursement complete the Blood Lead Level Testing and/or Serum Copper Level Reimbursement Forms and mail along with the invoice/receipt for the testing to: Butler Area School District, Attn: Business Office, 110 Campus Lane, Butler, PA 16001.



BHS Laboratory

LEAD INFORMATION	
Accession	
Patient Name	
Date Collected	
Time Collected	
Sample Type	
Date of Birth	
Sex	
Patient's Race	
Patient Address:	
Street	
City	
County	
State	
Zip	
Patient Phone Number	
Parent or Guardian Name	
Referring Physician Name	
Referring Physician Phone	
Referring Physician Address:	
Street	
City	
State	
Zip	
Patient Employed? (If yes)	
Employer Name	
Employer Phone	
Employer Address	
Client Service Rep	
Extension	
Date	

***All information must be provided in order for testing to be initiated.

**Butler Area School District
Blood Lead Level Testing
Reimbursement Form**

This form is to be completed only for the reimbursement of blood lead level testing performed by a family physician or pediatrician.

Amount Requested for Reimbursement *	
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** A copy of the invoice/receipt for testing must be attached in order to receive reimbursement*

Make Check Payable to	
Mailing Address	

Complete This Section if Testing was for a Summit School Student

STUDENT INFORMATION

Student Name	
Parent Name	
Address	

Complete This Section if Testing was for a Summit School Employee

EMPLOYEE INFORMATION

Employee Name	
Address	

Mail this completed form and copy of the invoice/receipt to:

Butler Area School District

Attn: Business Office

110 Campus Lane

Butler, PA 16001

For District Use Only

Date

Superintendent Approval		
Business Office Approval		
Account Number		Payment Amount

Butler Area School District Serum Copper Level Testing Reimbursement Form

This form is to be completed only for the reimbursement of serum copper level testing performed by a family physician or pediatrician.

Amount Requested for Reimbursement *

** A copy of the invoice/receipt for testing must be attached in order to receive reimbursement*

Make Check Payable to

Mailing Address

Complete This Section if Testing was for a Summit School Student

STUDENT INFORMATION

Student Name

Parent Name

Address

Complete This Section if Testing was for a Summit School Employee

EMPLOYEE INFORMATION

Employee Name

Address

Mail this completed form and copy of the invoice/receipt to:

**Butler Area School District
Attn: Business Office
110 Campus Lane
Butler, PA 16001**

For District Use Only

Date

Superintendent Approval _____

Business Office Approval _____

Account Number _____

Payment Amount _____