

A photograph showing the silhouettes of a family—a child jumping in the air, a woman on the left with arms raised, and a man on the right with arms outstretched—against a bright, golden sunset sky. The scene is set in a field with tall grasses in the foreground.

Lead poisoning affects more children than any other environmental illness in the country.

**HOW CAN YOU HELP KEEP THEM HEALTHY?**

## Reach the children most at risk with on-the-spot testing.

### The statistics.

Forty percent of families served by federal health programs, such as Medicaid and WIC, do not follow through with prescribed blood lead testing at a reference lab. Yet the prevalence of elevated blood lead levels for these children is **five times higher** than the general population.<sup>1</sup>

While children in homes built before 1978 are at the highest risk, **over 700,000 children in the U.S. have harmful blood lead levels.**<sup>2,3</sup>

### The impact.

Lead poisoning can take a serious toll on a growing mind and body, with lifelong effects on cognitive development and behavior.<sup>4</sup>

**The economic impact is wide-ranging with avoidable special education costs of \$3,331 per child, medical expenses of \$1,300 per child, and lower lifetime earnings.**<sup>5</sup>

### The answer.

**LeadCare® II is the only portable system with immediate answers**, which allows you to test, educate, and intervene on the spot, minimizing the health and learning problems that come from lead exposure. Developed in collaboration with the CDC, LeadCare II



## LeadCare® II

T: 800-305-0197 F: 877-652-1034 [www.LeadCare2.com](http://www.LeadCare2.com) E: [leadcareinfo@magellandx.com](mailto:leadcareinfo@magellandx.com)

<sup>1</sup>US GAO. Lead Poisoning: Federal Healthcare Programs Are Not Effectively Reaching At-Risk Children, GAO/HEHS-99-18, Jan 1999.

<sup>2</sup>Childstats.gov, Percentage children < 6 yrs with BLL >5µg/dL, [www.childstats.gov/americaschildren/phenviro4.asp](http://www.childstats.gov/americaschildren/phenviro4.asp). Accessed 02/12

<sup>3</sup>US Census, Table D1. Characteristics of Children Under 18: 2009; [www.census.gov/hhes/socdemo/children/data/sipp/well2009/tables.html](http://www.census.gov/hhes/socdemo/children/data/sipp/well2009/tables.html). Accessed 02/12.

<sup>4</sup>Lidsky, TI. Lead neurotoxicity in children: basic mechanisms and clinical correlates. *Brain*. 2003;126:5-19.

<sup>5</sup>US HHS, Agency for Healthcare Research & Quality, [www.qualitymeasures.ahrq.gov/content.aspx?id=32464](http://www.qualitymeasures.ahrq.gov/content.aspx?id=32464)

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### Why LeadCare II?

- **Convenient:** One fingerstick, two drops of blood, and can be combined with hemoglobin/anemia testing
- **Fast:** Answers in three minutes; educate and intervene immediately
- **Time-saving:** No need to track down patients, no child is lost to follow-up; prevents re-draws due to sample problems
- **Portable:** Ability to conduct testing in non-traditional settings
- **Reimbursable:** Screening rates increase without adding resources; capture revenue with CPT code 83655 (rates vary by state/plan)

is the only point-of-care CLIA-waived system that is simple, portable, and quick — empowering providers, parents, and communities to act without delays.

Addressing lead poisoning on-site with LeadCare II helps put kids and communities on a fast track to health.

**To learn how easily LeadCare II can fit into your workflow or to request a product demonstration, call 800-305-0197 or visit [leadcare2.com](http://leadcare2.com).**

**The number of children with elevated blood lead levels who failed to show up for follow-up appointments dropped by 75 percent after LeadCare II was implemented in eight Kent County, Michigan WIC clinics.**

