


 EXPOSED
 SOURCE

 Physician: (764) ProHealth

Confidential CODE Name Registration*: (not patient registration) **Source and exposed lab specimens will have separate MRN and Acct numbers for each Code name

Example: EXPE, TEST or SORE, TEST

CODE name:** _____

CODE name date of birth:** _____

CODE name medical record #:** _____

CODE Name sticker here

 If no sticker, write in the code name, code name
DOB and code name medical record number.

Fill out left or right side of this form, but **NOT BOTH:** Use one form for Exposed and a second for Source

EXPOSED person Initial testing:
 Draw hold Specimen for 90 days (5 ml gold)

Exposed – draw before starting PEP meds

- Pregnancy (if applicable) (HCG) – Gold 5 ml
- SGPT/ALT (SGPT) – Gold 5 ml
- Amylase (AMY) - Gold 5 ml
- Complete Metabolic profile (COMP) - Gold 5 ml
- Hepatitis A, B, C Panel (AHEP) - Gold 5 ml
- CBC with diff (CBS) – Lav 4ml

Exposed – additional testing

(if the Source known to be hepatitis or HIV positive)

- Hepatitis Immune status (HBSB) - Gold 5 ml
- Hepatitis B Surface Antigen (HBSG) - Gold 5 ml
- Hepatitis C Antibody (HCVB) - Gold 5 ml
- Hepatitis C Virus, RNA detection and Quantitation* (HCVQ) - Gold 5 ml *Spin down within 4 hrs. of draw
- HIV Antibody (HIV) **Needs HIV consent** - Gold 5 ml

SPECIMEN COLLECTION INFORMATION

Collection Date: _____

Collection Time: _____

Collector's Initials: _____

SOURCE person testing:
 Exposure Protocol Testing on Source

(BLH, BMH, BSH-EXPO/BBC-BCEXPO):

- HIV STAT Antibody screen - Gold 5 ml
- Hepatitis B Surface Antigen - Gold 5 ml
- Hepatitis C Antibody - Gold 5 ml

SOURCE - Additional Testing _____

 CD4 count (CD4CT) - Lav 4 ml

 HIV viral load** (HVRP) - Lav 4 ml

 **Specimen must be processed in Lab within
6 hours of collection

SPECIMEN COLLECTION INFORMATION

Collection Date: _____

Collection Time: _____

Collector's Initials: _____

BBC, BLH, BMH, BSH ProHealth, fill in the Exposed person or Source person "real" name and date of birth below.

REGISTRATION DO NOT USE real name - USE CODE NAME ONLY (listed above) for patient Name!

 PHLEBOTOMIST to draw patient -- Location: _____

 Specimen with lab requisition Room Number _____

 Specimen in lab (For Bronson in-patients, lab may already have adequate specimen in lab, call before draw)

_____ **Date of Birth** _____

First Name Last Name

Lab accessions # (LAB USE ONLY): _____