



Body Fluid Exposure (Lab Requisition)

<input type="checkbox"/> EXPOSED Physician: <u>(Dr. Michael Berneking) ProHealth</u>	<input type="checkbox"/> SOURCE
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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.
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Fill out left or right side of this form, but **NOT BOTH:** Use one form for Exposed and a second for Source

<p><u>EXPOSED person Initial testing:</u></p> <input type="checkbox"/> Draw hold Specimen for 90 days (5 ml gold) Exposed – draw before starting PEP meds <input type="checkbox"/> Pregnancy (if applicable) (PREGS) - Gold 5 ml <input type="checkbox"/> SGPT/ALT (SGPT) - Gold 5 ml <input type="checkbox"/> Amylase (AMY) - Gold 5 ml <input type="checkbox"/> Complete Metabolic profile (COMP) - Gold 5 ml <input type="checkbox"/> Hepatitis A, B, C Panel (AHEP) - Gold 5 ml <input type="checkbox"/> CBC with diff (CBC) - Lav 4ml Exposed – additional testing (if the Source known to be hepatitis or HIV positive) <input type="checkbox"/> Hepatitis Immune status (HBSB) - Gold 5 ml <input type="checkbox"/> Hepatitis B Surface Antigen (HBSG) - Gold 5 ml <input type="checkbox"/> Hepatitis C Antibody (HCVB) - Gold 5 ml <input type="checkbox"/> Hepatitis C Virus, RNA detection and Quantitation* (HCVQ) - Gold 5 ml *Spin down within 4 hrs. of draw <input type="checkbox"/> HIV Antibody (HIV) - Gold 5 ml SPECIMEN COLLECTION INFORMATION Collection Date: _____ Collection Time: _____ Collector’s Initials: _____	<p><u>SOURCE person testing:</u></p> <input type="checkbox"/> Exposure Protocol Testing on Source (BLH, BMH, BSH=EXPO / BBC=BCEXPO): <ul style="list-style-type: none"> • HIV STAT Antibody scree - Gold 5 ml • Hepatitis B Surface Antigen - Gold 5 ml • Hepatitis C Antibody - Gold 5 ml SOURCE – Additional Testing <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> CD4 count (TCD4 - Lav 4 ml) <input type="checkbox"/> HIV viral load** (HIVDQ) - Lav 4 ml <p align="center">**Specimen must be processed in Lab within 6 hours of collection</p> SPECIMEN COLLECTION INFORMATION Collection Date: _____ Collection Time: _____ Collector’s Initials: _____
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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!**

<input type="checkbox"/> PHLEBOTOMIST to draw patient – Location: _____ <input type="checkbox"/> Specimen with lab requisition _____ <i>Room Number</i> <input type="checkbox"/> Specimen in lab (For Bronson inpatients, lab may already have adequate specimen in lab, call before draw)			
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">First Name:</td> <td style="width:33%;">Last Name:</td> <td style="width:33%;">Date of Birth:</td> </tr> </table>	First Name:	Last Name:	Date of Birth:
First Name:	Last Name:	Date of Birth:	

Lab accessions ## (LAB USE ONLY): _____
