



SOURCE PATIENT TESTING REQUISITION
Microbiology/Immunology Laboratory

**USE FOR REQUIRED TEST ORDERS ON THE
 SOURCE PATIENT OF A NEEDLESTICK OR OTHER
 OCCUPATIONAL EXPOSURE OF A HEALTHCARE
 WORKER.**

Name: _____

Source Patient Information
 Please Affix Patient ID Label

MR#: _____

D.O.B.: _____

The appropriate Occupational Health Service must be contacted to report the blood exposure or HealthLink (984) 974-6302 if after normal business hours - 7:30-4p.

McLendon Lab must be contacted before completing this requisition - Call 984-974-1805.
 Send requisition and blood to Microbiology Lab (Tube Station #82).
 Requisition must be filled out and lab contacted before testing is performed.

Collection Date/Time:	Collected By:	
Requesting MD:	MD Code:	Pager #:
Date/Time of Exposure:		

Specimen Required:

Two Serum Separator tubes (SST) (Gold Top Tube)

SOURCE PATIENT TEST PANEL	
LAB11513 - Patient Needlestick Package, includes:	
<input type="checkbox"/>	HIV 4th Generation Ag/Ab Combo
<input type="checkbox"/>	HBsAg - Hepatitis B Surface Antigen
<input type="checkbox"/>	Hepatitis C Antibody
<input type="checkbox"/>	Hepatitis C RNA, Quantitative PCR

- PLEASE CHECK FOR:
- Hospital OHS
 - University OHS
 - Campus Health Services
 - ED
 - Other

DENTAL SCHOOL USE ONLY	
<input type="checkbox"/>	LAB5169: HIV 4th Generation Ag/Ab Combo
<input type="checkbox"/>	LAB471: HBsAg - Hepatitis B Surface Antigen
<input type="checkbox"/>	LAB868: Hepatitis C Antibody
<input type="checkbox"/>	LAB887: Hepatitis C RNA, Quantitative PCR

CALL RESULTS TO: _____
 BEEPER#/PHONE#: _____

MICROBIOLOGY/IMMUNOLOGY LABORATORY USE ONLY	
Blood in the Laboratory: Existing Sample Number: _____	

SEND BLOOD SAMPLE TO MICROBIOLOGY (TUBE STATION 82)

NOTE: CALL MICROBIOLOGY/IMMUNOLOGY LAB AT 984-974-1805 WHEN BLOOD IS SENT TO LAB