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 Nurse Connect (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:
	HIV 4th Generation Ag/Ab Combo
	Hepatitis B Surface Antigen
	Hepatitis C Antibody
	Hepatitis C Viral Load

PLEASE CHECK FOR:

- ☐ **Hospital OHS**
- ☐ **University OHS**
- ☐ **Campus Health Services**
- ☐ **Other**

CALL RESULTS TO: _____

BEEPER#/PHONE#: _____

SEND BLOOD SAMPLE TO MICROBIOLOGY (TUBE STATION 82)

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