

BLOOD AND BODY FLUID EXPOSURE FORM

THIS FORM MUST ACCOMPANY THE SPECIMEN(S) TO THE LAB IN ACCORDANCE WITH POLICY #15951268

FOR ASSISTANCE CONTACT	PHONE	PAGE	FAX
<input type="checkbox"/> Employee Health	231-935-6496	via SmartWeb	231-935-7879
<input type="checkbox"/> Nursing Supervisor	Cadillac: 231-876-6988 Charlevoix: 231-547-1642 Grayling: 989-348-0803 MMC: 231-935-6203	via SmartWeb	231-935-6859
<input type="checkbox"/> Risk Management	231-935-6590	<u>NOT</u> in SmartWeb	231-935-6629
<input type="checkbox"/> Emergency Department Doctor: _____	Phone Number: _____		231-935-7329

A. Source Patient Contract Register Source Patient (see section C for which Contract to bill)

Collection Date: _____ Collection Time: _____

Source Patient Name: _____ DOB: _____

Medical Record #: _____ Current Location: _____

 Contract Account Number: _____
(to be completed by Registration)
CROSS OUT ACCOUNT NUMBER

Source Patient Sticker
CROSS OUT ACCOUNT NUMBER

B. Exposed Person Do **NOT** Register or Draw Exposed Person, unless Source Patient is *unknown*

Name: _____ DOB: _____

Primary Phone: _____ Work Phone: _____

If Employee Department: _____

C. Exposed Person is a:

 Munson Employee, Onsite Student or Onsite Physician/Provider
Contract Registration - Munson Employee Health, Ordering Physician: 6622 Employee Health

 VOICE Report completed by: Self Other: _____

 First Responder Contract Registration - County or EMS to bill: _____, Ordering Physician: 5999 ER, PC
Copy to Primary Care Provider: _____
 Patient Contract Registration - MMC Risk Management, Ordering Physician: 00000 Dr. Thomas Schermerhorn

VOICE Report Completed by: _____

D. Lab Tests Needed (For Operating Room exposure check first 3)

 HIV (**HIVD**)

 Hepatitis C (**HCVD**)

 Hepatitis B Surface Antigen (**BSAGD**)

 Hepatitis B Antibody (**BSABD**)

 Other: _____

Registration, Techs & Aides:

 - **Order all labs STAT Lab to PHONE all results:**

 - Exposed person is MHC Employee/Student/Provider call:
 Employee Health 7a-4p weekdays **56496**
 or Nursing Admin otherwise **56203**

 - Exposed person is a patient: Call Nursing Admin **56203**

- Exposed person is a First Responder: Call ED provider

Laboratory Test Results (completed by Lab Tech):

 HIV Positive Negative Date/Time or Results: _____ Results Called to: _____ Tech Initial: _____

 Hepatitis B Positive Negative Date/Time or Results: _____ Results Called to: _____ Tech Initial: _____

 Hepatitis C Positive Negative Date/Time or Results: _____ Results Called to: _____ Tech Initial: _____