**UNIVERSITY OF TEXAS MEDICAL BRANCH LABORATORIES - BLOOD BORNE PATHOGEN EXPOSURE FORM**

**ATTACH PATIENT LABEL**

**PHONE (800) 522-2266**
**FAX (409) 747-0509**

**PATIENT NAME (LAST, FIRST, MI)** Required

**ORDERING PROVIDER** Required

**ORDERING PROVIDER** Required

**DOB (MM/DD/YYYY)** Required

**ORDERING PROVIDER** Required

**GENDER** Required  □ M  □ F

**COLLECTION BY (LAST, FIRST)** Required

**COLLECTION DATE (MM/DD/YYYY)** Required

**ICD-10 Z77.2**

**DIAGNOSIS**

Exposure to blood or body fluid

Submitter (check one):  □ Student Health-Infectious Disease  □ Employee Health-Infectious Disease

□ UTMB Client Services Generic (Use for CMC Exposure)

**BLOOD BORNE PATHOGEN EXPOSURE**

**SOURCE – EXPOSURE PROFILE**

- □ S & L  HIV Type 1 and 2 Ab Screen, positive confirmed by multiplex supplemental test
- □ S  Hepatitis C Virus Ab, low positives and positives for confirmation of HCV Ab
- □ S  Hepatitis B Surface Ag w/ confirmation if appropriate
- □ S  Hepatitis B Core Ab IGM & IGG

**STUDENT/EMPLOYEE EXPOSURE PROFILE**

- □ S  HIV Type 1 and 2 Ab Screen, positive confirmed by multiplex supplemental test
- □ S  Hepatitis C Virus Ab, low positives and positives for confirmation of HCV Ab
- □ S  Hepatitis B Surface Ab w/ confirmation if appropriate
- □ aHBC

**ORDER ONLY IF ON HIV PROPHYLAXIS:**

- □ L  CBC w/ Diff
- □ S  Comprehensive Metabolic Panel
- □ S  Pregnancy Test, serum - females only

**FOR FOLLOW-UP APPOINTMENTS ONLY:**

- □ P  HCV by Real-Time PCR
- □ S  Hepatitis B Core Ab IGM & IGG

**TUBE LEGEND:**  L=LAVENDER  S=SERUM SEPARATOR (YELLOW)  P=PLASMA SEPARATOR (PPT)

Additional tests/instructions/comments:

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

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