

Bloodborne Pathogen Exposure

Source Patient Labs

1. Before proceeding, did you complete the Bloodborne Pathogen Exposure questionnaire? If not, do so [by clicking this link](#) or by logging into MyUK and clicking on the Occupational Exposures tab.
2. Be sure to call CorVel Workers Compensation to begin your claim at 1-800-440-6285.
3. Report an Incident at: <https://incident.ukhc.org/>
4. Proceed to page 2 of this document to view and print the Source Patient Lab slip.

Additional Important Numbers

CorVel Workers Compensation: 1-800-440-6285

UHS Exposure Nurse: 859-218-3253

UK MDs: 859-257-5522

Bloodborne Exposure Line at Chandler Retail Pharmacy: 859-218-3340

University of Kentucky Healthcare

Hospital Employee Health
830 South Limestone St. 859-323-5823
Lexington, KY 40536

Date/Time Collection _____

Collector Name _____

**Source Patient Labs
Bloodborne Pathogen Exposure
Physician Order Form
Miscellaneous Lab**

SID# _____ RQ# _____

Source Patient Information

Name _____

MRN# _____

Birthdate _____

Male Female

Laboratory Use only: Use Requisition Entry when ordering in Epic (see SOP LCR114). Results will file to the patient's chart.

Requisition Entry

Clear Accept & New Set Defaults Documents Labels Registration Scan
Submitter: EMPLOYEE-HEALTH, HOSPITAL

Adult/Children 2 years of age and older:

Draw: 2 gold, 1 red and 1 pearl top

TEST NAME: Source BBFE HIV Antibody/Antigen w/Reflex to HIV 1/2 Antibody Differentiation with Extra Tube Pearl, Freeze and Hold**-**Lab11337**

Test Name: Source BBFE Hepatitis B S Ag-**LAB11335**

Test Name: Source BBFE HCV Quant PCR-**LAB12575**

Children under 2 years of age:

For NICU/PICU patients < 2 years old or nursery patients: you **MUST** consult with the patient's attending physician to receive approval before having any blood drawn. If the attending is not available, call UKMDs and ask to speak to the UHS clinician on-call.

For patients < 2 years old but NOT in the NICU/PICU or nursery: ask to have 4 red bullets drawn

Ordering Physician Signature Melinda Carol, M.D. **Provider ID:** 19166 **Date** _____ **Time** _____

To be completed by Clinic Check-out Staff. If requesting physician is a resident, attending physician information is required.

Requesting Physician: Melinda Carol, M.D. Attending Physician: _____ Pager _____ Phone _____

Clinic Staff Signature _____ Service _____ Phone _____ Date _____

4847918

University Health Service 3-5823
Employee Health 0084 097xxxx-9900
PLACE PATIENT DEMOGRAPHIC LABEL HERE OR HAND WRITE TWO PATIENT IDENTIFIERS

Patient Name: _____

Patient DOB: _____

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If source patient is a Chandler Hospital patient- Read box below

Source patient is at KY Clinic, Good Sam Hospital, Eastern State Hospital, Turfland, or outpatient clinic

1. RN or Phlebotomist is responsible for blood draw: (2) Gold (1) red (1) pearl top tubes on the source patient (If source is <2: For NICU/PICU patients < 2 years old or nursery patients you MUST consult with the patient's attending physician to receive approval before having any blood drawn. If the attending is not available, call UKMDs and ask to speak to the UHS clinician on-call. For patients < 2 years old but NOT in the NICU/PICU or nursery, ask to have 4 red bullets drawn.

2. Enter source patient name, DOB, date/time collected and collector's name.

3. Enter source patient name and DOB on stickers and place one per tube (lab will not accept blood if tubes are not properly labeled).

4. Place two tubes and white copy of order form in a specimen collection bag and send to lab in person or by **tube station #162**

KY Clinic lab hours are: Monday – Friday 7:00 A.M - 6:00 P.M.
*If an exposure occurs Eastern State, Turfland, or at an offsite location without a clinical lab:

- 1. Place labs in specimen collection bag along with the white lab slip.
- 2. Call **River Cities Courier at 606-324-0656** to request a pick-up and STAT delivery to Chandler. This is a 24/7 dispatch number.

*If an exposure occurs at Good Samaritan or GS clinic, specimens should be delivered to the Good Samaritan Lab.