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 *when prompted select option

0 (zero)*

_____
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

TEST NAME: Source BBFE HIV Antibody/Antigen w/Reflex to HIV ½ 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**

==**Adult/Children 2 years of age and older:**==
Draw: 2 gold, 1 red and 1 pearl top

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. It 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

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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 097xxxxx-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

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. It 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**

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

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.