



Breast Milk Exposure Laboratory Requisition

REQUIRED: COMPLETE ALL INFORMATION ON THIS FORM. INCOMPLETE FORMS WILL NOT BE PROCESSED.		Place patient label here
SOURCE TESTING		
Ordering Physician:		
Collection Date/Time:		Location/Room # for drawing the Source Mother for phlebotomy: (For breast milk exposure only)
Collected by:	Site:	
BREAST MILK EXPOSURE : <input type="checkbox"/> Source Mother Blood <input type="checkbox"/> Milk		

<u>Nursing Notes:</u>

Drawing Blood for Source Breast Milk Exposure

- Label & draw 2 gold SST tubes and 1 pink tube (or 3 gold microtainers for source baby) and send to the main laboratory with this form. If source is not an ED patient, please call laboratory (x55260) to request a phlebotomist.
- Please note that a blood draw is also required on the source mother following a breast milk exposure. Provide the location above where the source mother can be found. Have source mother registered via phone (x55220) with UCHealth patient access if she has already been discharged.

Breast Milk Source Testing:

- Collect remainder of milk (if available) and newly expressed milk from source mother. Label each container with the source mother's patient label and collection date/time. Send milk to the main laboratory with this form.

Breast Milk Testing Complete requisition. BREAST MILK EXPOSURE TESTING LAB8188 This test panel includes: <ul style="list-style-type: none"> • CMV Culture • CMV PCR Send ASAP on next scheduled courier.
Blood Testing Order testing in Epic; do not use requisition. SOURCE PATIENT TESTING: 0217527 (This is a capital "O" not a zero) This test panel includes: <ul style="list-style-type: none"> • Hepatitis B Surface Antigen • Hepatitis C PCR • HIV 1/2 Antibody/Antigen Screen (4th generation)