

Infection Prevention & Control Department
800 Rose Street
Lexington, Ky. 40536

OUTSIDE OCCUPATIONAL EXPOSURE PHYSICIAN ORDER FORM

ATTACH SOURCE PATIENT CHART LABEL HERE

MR#: _____ (use UK MR#)

Collect Time: (24 Hours) _____

Collect Date: (MM/DD/YY) _____

Ordering Physician: Dr. Hanine El Haddad

Ordering Physician ID #: 022719

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

Requisition Entry

Clear Accept & New Set Defaults Documents Labels Reg Scan Char

Submitter:

Outside Source Exposure

TESTS REQUESTED:

- HEC** HEPATITIS C ANTIBODY

- HBSAB** HEPATITIS B SURFACE ANTIBODY

- HBSAG** HEPATITIS B SURFACE ANTIGEN

- HIV** HIV 1 & 2 ANTIBODIES

- OTHER:** _____

Please collect **2 GOLD TOP Blood Tubes** from the UK Healthcare Patient and attached labels provided. **Be sure Labels are filled out appropriately.**

Send to the UK Lab.

Call the UK Healthcare **IPAC Office** for questions at **323-6337**