



NAME: \_\_\_\_\_

HSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE  
PHLEBOTOMY REQUISITION – BLOOD AND BODY FLUID  
EXPOSURE (BBFE) – POST-EXPOSURE – EXPOSED

# EXPOSED

Site:  RUH  SCH  SPH  Other \_\_\_\_\_

Priority:  Urgent

**FOR LAB USE ONLY**  
  
Lab Barcode Label

Clinical diagnosis: **BBFE – Post-Exposure – EXPOSED**

Requesting emergency physician (print full name): \_\_\_\_\_

Phone# for results: \_\_\_\_\_

Additional copies to: **Public Health** \_\_\_\_\_ Collected by: \_\_\_\_\_  
(print full name)

Collect date and time: \_\_\_\_\_

**RUH/JPCH – SCM (SUNRISE CLINICAL MANAGER):**

- Order “PHLEB” Urgent Priority
- Comment “Exposed BBFE Blood Tests”
- Call Phlebotomy by Vocera
- Complete requisition (check all that apply) and present to Phlebotomy staff

**OTHER SITES:**

- Complete requisition (check all that apply) and present to Phlebotomy staff

HPEXP  **HBs Abs – Hepatitis B Surface Antibody**

**HCV Ab – Hepatitis C Antibody**

HBAGS  **HBs Ag – Hepatitis B Surface Antigen**

HIVD  **HIV Ab/Ag – HIV Antibody/Antigen**

Collect 1 gold-top tube

Send to RUH chemistry lab