

EXPOSED PERSON

SASKATOON
HEALTH REGION

OCCUPATIONAL
HEALTH & SAFETY

**BLOOD/BODY
FLUID EXPOSURE
VIROLOGY/SEROLOGY
REQUISITION**

RUH SCH SPH

PHN #: _____

Name: _____

(Male Female)

Date of Birth: _____ PH #: _____
(dd/mm/yy)

Location: _____

REQUESTING PHYSICIAN:

ADDITIONAL COPIES OF REPORT TO:

- SHR** cc: OH&S
 NON-SHR cc: Public Health
 Family Physician

COLLECTION TIME & DATE:

TESTS REQUESTED:

- HBsAb [order if non-immune or unknown]**
 HCVAb
 HIV Ab *

*** (Check box if requested & consent
obtained)**

COLLECT 2 GOLD TOP TUBES

FOR LAB USE ONLY

CLINICAL SITUATION

STAT: POST-EXPOSURE - EXPOSED PERSON

OCCUPATIONAL EXPOSURE (eg: Needle Poke)

SOURCE NAME:

CONTACT PHONE NUMBER:

DATE & TIME OF INCIDENT: