



NAME: _____

HSN: _____

D.O.B.: _____

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

SOURCE

Site: RUH SCH SPH Other _____

Priority: Urgent

FOR LAB USE ONLY

Lab Barcode Label

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

Requesting emergency physician (print full name): _____

Phone# for results: _____

Additional copies to: _____ Collected by: _____
(print full name)

Collect date and time: _____

RUH/JPCH – SCM (SUNRISE CLINICAL MANAGER):

- Order “PHLEB” Urgent Priority
- Comment “Source 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

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

HCV Ab – Hepatitis C Antibody

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

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

Collect 1 gold-top tube

Send to RUH chemistry lab