

STAT: POST EXPOSURE - Source

Specimen must be sent to RUH Chem Lab immediately!!

SASKATOON
HEALTH REGION

WORKSAFE and
EMPLOYEE WELLNESS

**BLOOD BORNE
PATHOGEN EXPOSURE**

**CHEMISTRY / VIROLOGY
REQUISITION**

PHN #: _____

Name: _____
(Male Female)

Date of Birth: _____ Location: _____
(dd/mm/yy)

REQUESTING Emergency Room PHYSICIAN, CCA or W&EW (OH&S) NURSE:

Name: _____

Please indicate which site the report should print in: RUH SCH SPH

Indicate alternate printer for report if not ER or W&EW: _____

Indicate who the exposed person reported the incident to:

Note: SHR employees must report to SHR W&EW (OH&S) and Non-SHR employees must report to Public Health

SHR W&EW (OH&S) Public Health

Indicate if the exposed person would like a report sent to their family physician:

Family Physician _____

COLLECTION TIME & DATE: _____

TESTS REQUESTED: (Check once consent obtained)

HBsAg Collect one 10 mL Tiger top tube only for HBsAg and HCVAb

HCVAb

HIV Ab Collect one 7 mL Gold top tube

Phlebotomy contacted for STAT HIV collection

Chemistry notified

Occupational Exposure Cross Reference Information

EXPOSED NAME: _____

DATE & TIME OF INCIDENT: _____