



**SOURCE PATIENT TESTING REQUISITION**  
**Microbiology/Immunology Laboratory**

USE FOR REQUIRED TEST ORDERS ON THE SOURCE PATIENT OF A NEEDLESTICK OR OTHER OCCUPATIONAL EXPOSURE OF A HEALTHCARE WORKER.

Name: \_\_\_\_\_

Source Patient Information  
 Please Imprint if Available

MR#: \_\_\_\_\_

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

**LABORATORY MUST BE CONTACTED BEFORE COMPLETING THIS REQUISITION. CALL 966-4053**

Samples on exposures >24 Hours previously will be performed on the next routine run.

|                              |         |          |  |
|------------------------------|---------|----------|--|
| Coll. Date/Time:             |         | Coll. By |  |
| Req. MD:                     | MD Code | Pager #  |  |
| Date/Time of Exposure: _____ |         |          |  |

Specimen Required: One Serum Separator tube (SST) (Gold Top Tube)

| SOURCE PATIENT TEST PANEL - HIV ELISA |                                     |
|---------------------------------------|-------------------------------------|
| (SMS: NEEDLESTICK PANEL - SOURCE)     |                                     |
| 8055                                  | HIV Antibodies/EOHS - ELISA         |
| 8056                                  | HBsAG - Hepatitis B Surface Antigen |
| 8057                                  | ANTI-HCV- Hepatitis C Antibody      |

CALL RESULTS TO: \_\_\_\_\_

BEEPER#/PHONE#: \_\_\_\_\_

- PLEASE CHECK FOR:
- Hospitals OHS
  - UNC OHS
  - Student Health
  - ED
  - Other

| DENTAL SCHOOL USE ONLY    |                                     |
|---------------------------|-------------------------------------|
| Source Patient Test Panel | Acct #: 98- _____                   |
| 8099                      | HIV ELISA - Post-Exposure           |
| 8320                      | HBsAG - Hepatitis B Surface Antigen |
| 8325                      | ANTI-HCV - Hepatitis C Antibodies   |

CALL RESULTS TO: \_\_\_\_\_

BEEPER#/PHONE#: \_\_\_\_\_

| Microbiology/Immunology Laboratory Use Only  |
|--|
| Blood in the Laboratory: Sample Number _____ |

**HIV TESTING SCHEDULE (Run START Times)**

|         | Routine ELISA Testing | Routine Western Blot Testing | Weekday Additional REVEAL Testing (Exposures) As Needed | Weekend Additional REVEAL Testing (Exposures) As Needed | Additional WB Testing (Exposures) As Needed |
|---------|-----------------------|------------------------------|---|---|---|
| Mon-Fri | 08:00                 | Thursday                     | 15:00 and 20:30   | N/A   | Next Day, if Post-Exposure EIA POSITIVE     |
| Sat-Sun | N/A                   | N/A                          | N/A   | 12:00 and 20:30   |   |

**SEND TO MICROBIOLOGY (TUBE STATION 82)**