

Request for Source Patient Testing

Requesting agency is responsible for all charges related to specific testing in Section C

Instructions: To be completed by the Designated Infection Control Officer of the personnel exposed, after confirmation of an exposure per System Policy I2, and submitted to the receiving facility for determination of source patient status and follow-up.

DICO to complete Sections A, B, and C; submit to receiving facility. ALL INFO is CONFIDENTIAL

Receiving Facility to complete Section D. Notify the DICO of test results within two hours, or sooner, so that the appropriate follow-up may be started for any exposed employees.

A. Pre-hospital Provider Information					
EMS Agency:			Date request filed:		
Date / Time notified of exposure:		DICO Contact information:			
		Name:		Phone:	
Specific location where exposure took place:			_____ Designated Infection Control Officer signature		
Unique Identifier (from Request for Exposure Determination Form)					
B. Type of exposure					
<input type="checkbox"/> Needlestick <input type="checkbox"/> Deep puncture <input type="checkbox"/> Scratch <input type="checkbox"/> Airborne <input type="checkbox"/> Blood splash <input type="checkbox"/> Fluid splash <input type="checkbox"/> Other <input type="checkbox"/> Droplet					
C. Source Patient Information					
Source Patient Name:			Date of Birth:		
Date / Time of Incident:					
Requested Testing – Standing lab order for source patient. <i>HIV, HBV & HCV testing MUST BE RAPID</i>					
HbsAg Antigen []	HIV (RAPID) Antigen/Antibodies []	HIV (+) Viral Load []	HCV (RAPID) Antigen/Antibodies []	HCV (+) HCV RNA []	Syphilis *If HIV or HCV + []
D. Test Results and Facility Signatures (completed by receiving facility)					
Positive [] Negative []	Positive [] Negative []	Positive [] Negative []	Positive [] Negative []	Positive [] Negative []	Positive [] Negative []
Exposure Occurred (source tests positive) [] No Exposure Occurred (source tests negative) [] Inconclusive Info []					
Receiving Facility Printed Name		Receiving Facility Staff Signature		Receiving Facility Staff Printed Name	
Date & time Received from DICO: _____					
Date & time results obtained and forwarded to DICO: _____					
Other Information: _____					

Original Copy: Return to the Designated Infection Control Officer that initiated the form.