

Date of Request \_\_\_\_\_ Requisition # \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

**BASSETT HEALTHCARE NETWORK**

**Employee Health Testing**

**Post Exposure**

Date of Birth \_\_\_\_\_

Attending Provider: \_\_\_\_\_

10/23, 12/25

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Employee Health Facility \_\_\_\_\_

Please circle requests below.

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

<b>Diagnosis Code:</b> or <b>Descriptive Diagnosis:</b>
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**ENTER USING REQUISITION ENTRY USING APPROPRIATE SUBMITTER RECORD BASED ON LOCATION EMPLOYED**

<b>Exposed Employee</b>	<b>Post-Exposed Employee For PEP: Baseline and Follow up</b>	<b>Source Patient</b>																														
<table border="0"> <tr><td><b>Code</b></td><td><b>Test Name</b></td></tr> <tr><td>LAB472</td><td>Hep B Surface AB</td></tr> <tr><td>Lab21130</td><td>Hep C AB</td></tr> <tr><td>LAB887</td><td>Hep C RNA</td></tr> <tr><td>LAB473</td><td>HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)</td></tr> </table> <p>-Preliminary positive results will released -Positive results will reflex to confirmatory testing.</p> <p>Other Testing: _____ _____ _____ _____ _____ _____</p>	<b>Code</b>	<b>Test Name</b>	LAB472	Hep B Surface AB	Lab21130	Hep C AB	LAB887	Hep C RNA	LAB473	HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)	<table border="0"> <tr><td><b>Code</b></td><td><b>Test Name</b></td></tr> <tr><td>LAB472</td><td>Hep B Surface AB</td></tr> <tr><td>Lab21130</td><td>Hep C AB</td></tr> <tr><td>LAB887</td><td>Hep C RNA</td></tr> <tr><td>LAB473</td><td>HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)</td></tr> <tr><td>LAB437</td><td>Urine Pregnancy</td></tr> </table> <p>-Preliminary positive results will released -Positive results will reflex to confirmatory testing.</p> <p>Lab131 AST LAB132 ALT LAB294 CBC LAB66 CRTN LAB50 TBIL</p> <p>Other Testing: _____ _____ _____ _____ _____</p>	<b>Code</b>	<b>Test Name</b>	LAB472	Hep B Surface AB	Lab21130	Hep C AB	LAB887	Hep C RNA	LAB473	HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)	LAB437	Urine Pregnancy	<table border="0"> <tr><td><b>Code</b></td><td><b>Test Name</b></td></tr> <tr><td>LAB471</td><td>HEP B Surface AG</td></tr> <tr><td>LAB21130</td><td>HEP C AB</td></tr> <tr><td>LAB473</td><td>HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)</td></tr> </table> <p>-Preliminary positive results will released -Positive results will reflex to confirmatory testing.</p> <p>If results need to be called please provide contact information below, if not results will be faxed to EMP health designated number. Please provide the person(s) to be contacted with the result. Such person(s) should be knowledgeable in the confidentiality requirements, and the fact that the result released will only be preliminary.</p> <p>Contact Person: Name: _____ _____ Phone # _____ Pager# _____</p> <p>Additional Information: _____ _____ _____ _____ _____</p>	<b>Code</b>	<b>Test Name</b>	LAB471	HEP B Surface AG	LAB21130	HEP C AB	LAB473	HIV Antibody/Antigen Combo Screen (Includes HIV-1/2 Antibodies and p24 Antigen)
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Provider's Signature: \_\_\_\_\_

Signed Date and Time: \_\_\_\_\_

Received by: \_\_\_\_\_

