

Bloodborne Pathogens Source Protocol Preparation Packet

Bloodborne Pathogens Source Patient Lab Worksheet

BBP Exposure date: _____

Exposed employee's dept: _____

Exposed employee's supervisor/PI: _____

Last Name _____ First Name _____ MI _____

DOB _____ O Male O Female

Address _____ Telephone # _____

City/State/Zip _____

Test Request:

- 1951 Hepatitis B Surface Antigen
- 1400 Hepatitis C Ab
- 1414 HIV AB

Diagnosis:

Z02.9
Z02.9
Z02.9

Ordering Provider: Terry Matthew, D.O., Medical Director

Copy to: Lansing Urgent Care
2289 Grand River
Okemos, MI 48864
Tel: (517) 999-2273
Fax: (517) 333-9201

Bill to: Michigan State University
Human Resources/ Workman Compensation
Nisbet Building Suite 110
1407 S Harrison Rd
E. Lansing, MI 48823

Date Collected: _____ Time: _____