

Date of Request _____ Requisition # _____



BASSETT HEALTHCARE NETWORK

Employee Health Testing

Exposure

Date of Birth _____

Ordering Provider: _____

#1216 10/23 (flab)

Name Last: _____ First: _____

Attending Provider: _____

Employee Health Facility _____

Please circle requests below.

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

Diagnosis Code: or Descriptive Diagnosis:

ENTER USING REQUISITION ENTRY USING APPROPRIATE SUBMITTER RECORD BASED ON LOCATION EMPLOYED

<p>Exposed Employee</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Test Name</th> </tr> </thead> <tbody> <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</td> </tr> </tbody> </table> <p>- Preliminary positive results will released -Positive results will reflex to confirmatory testing.</p> <p>Other Testing: _____ _____ _____ _____ _____ _____ _____ _____</p>	Code	Test Name	LAB472	Hep B Surface AB	Lab21130	Hep C AB	LAB887	Hep C RNA	LAB473	HIV	<p>Post-Exposed Employee For PEP: Baseline and Follow up</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Test Name</th> </tr> </thead> <tbody> <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</td> </tr> <tr> <td>LAB437</td> <td>Urine Pregnancy</td> </tr> </tbody> </table> <p>- Preliminary positive results will released -Positive results will reflex to confirmatory testing.</p> <table border="1"> <tbody> <tr> <td>Lab131</td> <td>AST</td> </tr> <tr> <td>LAB132</td> <td>ALT</td> </tr> <tr> <td>LAB294</td> <td>CBC</td> </tr> <tr> <td>LAB66</td> <td>CRTN</td> </tr> <tr> <td>LAB50</td> <td>TBIL</td> </tr> </tbody> </table> <p>Other Testing: _____ _____ _____ _____ _____ _____</p>	Code	Test Name	LAB472	Hep B Surface AB	Lab21130	Hep C AB	LAB887	Hep C RNA	LAB473	HIV	LAB437	Urine Pregnancy	Lab131	AST	LAB132	ALT	LAB294	CBC	LAB66	CRTN	LAB50	TBIL	<p>Source Patient</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Test Name</th> </tr> </thead> <tbody> <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 STAT</td> </tr> </tbody> </table> <p>- Preliminary positive results will released -Positive results will reflex to confirmatory testing. 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. Contact Person: Name: _____ Phone # _____ Pager# _____</p> <p>Additional Information: _____ _____ _____ _____ _____</p>	Code	Test Name	LAB471	HEP B Surface AG	LAB21130	HEP C AB	LAB473	HIV STAT
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Provider's Signature: _____

Signed Date and Time: _____

Received by: _____