

Report Form

To be completed and returned with routine laboratory request forms and blood specimens to Canterbury SCL or Medlab South laboratory

N.B. If exposure to known or possible HIV positive source immediately contact your nearest Infectious Disease Physician/Registrar (or ED Dept.) for appropriate prophylaxis consideration

RECIPIENT DETAILS (Exposed person)

Recipient Laboratory Number
(assigned in laboratory)

RECIPIENT (exposed person): Surname: _____
NHI (if known): _____ First Name/s: _____
Tel (private): _____ (business): _____ Date of Birth: ____/____/____
Occupation: _____
Company Name: _____
Recipient Consent to be Tested (Signature): _____ **HIV / HBV / HCV**
(Delete any not requested or consented for)
Doctor/GP nominated by Recipient: _____ GP Tel: _____
Recipient Blood Collected and Sent for Testing: YES / NO Has Recipient had Hep B Vaccination Series: YES / NO / UNSURE
INCIDENT DETAILS: Date of Incident: ____/____/____ Time of Incident: _____ am / pm
Description of Incident: _____

- Remember to let your workplace H&S know of this incident
- NB Result copies will ONLY be sent to the nominated GP and any nominated extra copy to requests

SOURCE DETAILS (Person exposure came from)

Source Laboratory Number
(assigned in laboratory)

SOURCE (if known): Surname: _____
NHI (if known): _____ First Name/s: _____
Tel (private): _____ (business): _____ Date of Birth: ____/____/____
Source Consent to be Tested (Signature): _____ **HIV / HBV / HCV**
(Delete any not requested or consented for)
Send copy of results to Source GP: YES / NO Doctor/GP nominated by Source: _____
Hepatitis / HIV Status (if known): _____
Source Blood Collected and Sent for Testing: YES / NO

NOTE: IMMEDIATE CONSULTATION IS REQUIRED IF SOURCE IS HIV POSITIVE OR IS HIGH-RISK FOR HIV

LABORATORY RESULTS

(For Laboratory Use ONLY)

TEST FOR	RECIPIENT	SOURCE
HBsAG		
HBsAB		
HIV		
HCV		