Awanui Labs

Laboratory use only

Place form barcode here

EXPOSED PERSON
Needlestick Injury, Blood/Body, Fluid Request Form

EXPOSED PERSON DETAILS			
NHI (if known)		**DOB**	dd/mm/yyyy
Surname		**Given Name**	
Gender	Male ☐ Female ☐	**Contact Nos.**	Daytime: Afterhours:
Address			
Date & Time of Exposure		**Date & Time Reported**	
Anatomical Site			

CONTACT PERSON MANAGING RESULTS & GP DETAILS – Please complete all fields to ensure no reporting delays (e.g. GP, Dentist, Workplace Occupational Health/Infection Control Person)			
Name of Requesting Clinician		**Location**	Name of Medical Centre/Dental Surgery
Contact Phone No.	Daytime	**NZMC #**	
	After Hours	**Mobile No.**	

Please send a copy of results to GP: ☐ **Yes** ☐ **No**

GP Details (Name & Location):

SPECIMEN RECEPTION & ULTRA REGISTRATION INSTRUCTIONS	
Nova	**Test**
=ENSP	☒ Exposed – Needle Stick Injury Tests

Take Specimen immediately to Immunology with the copy of the Form and inform the department.
****After hours: Take specimen to Biochemistry & inform the department****

NEEDLESTICK, BLOOD/BODY FLUID EXPOSURE DETAILS	
Type of exposure **(Please tick)**	☐ Mucous membrane or non-intact skin exposure (i.e. splashing of nose/ mouth/eyes/pre-existing wound) ☐ Percutaneous exposure (i.e. needle stick or other sharp object injury) • Approximate depth & Volume: _____ • Blood/other body fluid injected: ☐ Yes ☐ No ☐ Scratch/bite cause by another person ☐ Splashing of intact skin
Type of Fluid	☐ Blood ☐ Unknown ☐ Other:

Awanui Labs

Laboratory use only

Place form barcode here

EXPOSED PERSON
Needlestick Injury, Blood/Body, Fluid Request Form

Source	☐ Known **(Name & DOB)**	☐ Unknown
Immediate Action Taken **(Please tick)**	☐ Mucous membrane (nose/mouth/eyes) flushed with water ☐ Wound/skin washed with soap and water ☐ Other: _____	

DETAILS OF ACCIDENT
(Descriptive information, i.e. recapping needle, venepuncture mishap, splashed w/ other body fluids etc.)

SPECIMEN REQUIREMENTS

Collect 5mL Yellow SST tube *(Alternative tubes if SST/Yellow Top tube is unattainable: EDTA (Mauve tube), Heparin, Sodium Citrate, ACD, CPD tube).* **Label Specimen Correctly.**

INFORMED CONSENT BY EXPOSED PERSON FOR BLOOD TESTS & PROPHYLAXIS

I understand the risk of infection following accidental blood/body fluids exposure and I'm aware of the treatment options. I agree to have the following blood tests performed. Tests for Hepatitis B, C and HIV will be performed unless excluded *(please cross out to exclude)*

☐ Hepatitis Bs Ag (Diagnosis) ☐Hepatitis Bs Abs (Immunity) ☐Hepatitis C Abs ☐ HIV Abs/Ag

Signature: _____ Date: _____

Laboratory use only

Place CMS label here