



EXPOSED PERSON

Needlestick Injury, Blood/Body, Fluid Request Form

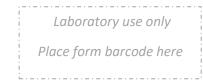
EXPOSED PERSON DETAILS					
NHI (if known)		DOB	dd/mm/yyyy		
Surname		Given Name			
Gender		Contact Nos.	Daytime:		
	Male ☐ Female ☐		Afterhours:		
Address					
Date & Time of		Date & Time			
Exposure		Reported			
Anatomical Site			<u> </u>		
CONTACT PERSON MANAGING RESULTS & GP DETAILS – Please complete 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#			
Contact Filone No	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					
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	 ☐ 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:				
(Please tick)	Blood/other body fluid injected:				
	☐ Scratch/bite cause by another person				
	☐ Splashing of intact skin				
Type of Fluid	☐ Blood ☐ Unknown	☐ Blood ☐ Unknown ☐ Other:			

Authorised by: Regional Quality and Safety Manager

Version: 1.3

Version Date: September 2023







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Source	☐ Known (Name & DOB)		☐ Unknown		
Immediate Action Taken (Please tick)	☐ Mucous membrane (nose/mouth/eyes☐ Wound/skin washed with soap and wat☐ Other:	ter			
DETAILS OF ACCIDENT (Descriptive information)	IT ation, i.e. recapping needle, venepuncture mis	hap, splashed w/ other bo	ody fluids etc.)		
SPECIMEN REQUIRE	MENTS				
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 CONSEN	T BY EXPOSED PERSON FOR BLOOD TESTS & PR	ROPHYLAXIS			
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)					
\square Hepatitis Bs Ag (Diagnosis) ☐ Hepatitis Bs Abs (Immunity)	☐ Hepatitis C Abs ☐	HIV Abs/Ag		
Signature:		Date:			
		Laborate	ory use only		
		Place CN	1S label here		

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