



**Laboratory Requisition
Needle Stick/Body Fluid**

NOCO LABORATORIES: NON-BANNER EMPLOYEE SOURCE ONLY

Occupational Health Clinic (Phone): ☐ McKee 820-4580 ☐ NCMC 810-6810
House Supervisor: (Phone): ☐ McKee 820-6027 ☐ NCMC 810-6556 ☐ BFCMC 821-4200

EXPOSED INDIVIDUALS SSN: _____

Source Information:

☐ Source Unknown (if under the age of 12, mark Source Unknown. Do not complete this section – fax form to correct Occupational Health Office)




Source Name: _____ **Medical Record #:** _____

DOB: _____ **Gender:** _____

Collection Date: _____ **Collection Time:** _____ **FIN#** _____ (lab use only)

Account ID to be used: Source, SSN of the exposed individual
(last name is to be SOURCE, first name is to the exposed individual's SSN)

Tests: Perform the following lab tests on the source

 HBSAG	 HIV 1&2 Screen	 HCPCRQT
<i>Hepatitis B Surface Antigen (Serum Separator Tube)</i>	<i>HIV (1/2 Screen) (Serum Separator Tube)</i>	<i>Hepatitis C RNA Quantitative (purple top – 2 small or a 10 ml tube)</i>

LABORATORY: PLEASE FAX COMPLETED FORM: McKee - Fax: 970-820-4584 NCMC – Fax: 970-810-6431

Name of House Supervisor: _____

Sticker (lab use only)