



Bloodborne Pathogen Exposure Lab Requisition

Bowling Green Crowne Pointe Intensive Health London Nicholasville Woodland Paducah

Date: ____ / ____ / ____

Patient Name: _____ Date of Birth: ____ / ____ / ____

Ordering Provider: Thomas Ingram, MD
Ordering Provider's NPI: 1437153194

Ordered Test	ICD-10
<input checked="" type="checkbox"/> 10306 Hepatitis Panel, Acute w/Reflex	Z11.59 - Screening for other viruses
<input checked="" type="checkbox"/> 91431 HIV 1/2 Antigen & Antibodies w/Reflexes	Z11.4 - Screening for HIV

STAT Lab

Send results to:

Stepworks Recovery Centers
Fax: 859-298-3322
ATTN: Barbara McGee

Patient bill to:

Stepworks Recovery Centers
PO Box 6209
Elizabethtown, KY 42702-6209

Also send results to:

Other Provider: _____
Fax Number: _____

I consent to have my blood drawn to test for HIV and hepatitis as part of OSHA's requirements due to my exposure to bloodborne pathogens.

Team Member Signature: _____ Date: ____ / ____ / ____

I decline to have hepatitis and HIV labs drawn. I understand that this is against medical advice because I was exposed to bloodborne pathogens.

Team Member Signature: _____ Date: ____ / ____ / ____

Witness Signature: _____ Date: ____ / ____ / ____

Note to Facility Administrator: Send a copy of this form to the human resources coordinator.