Utah Department of
Health & Human Services
Medical Examiner

Forward completed form by email to: **UPHL@utah.gov**

Utah Public Health Laboratory
4431 South 2700 West
Taylorsville, UT
84129-8600

Utah Office of the Medical Examiner
4451 South 2700 West
Taylorsville, Utah 84129
(801) 816-3850
Fax: (801) 964-1240

Bloodborne Pathogen Exposure Testing Request Form

Physician Requesting Testing

Name:_____

Office:_____

Address:_____

Phone:_____

Email:_____

Person Exposed

Name:_____

Address:_____

Phone:_____

Type of bodily fluid/sharps producing exposure:_____

Area of body in contact with bodily fluid: _____

Was an open wound exposed? (circle one) Y N

Address of Occurence:_____

Date of Exposure:_____ Time of exposure:_____

Deceased Subject

Name (if known):_____

DOD:_____ DOB:_____

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ANY SPECIMEN SUBMITTED WITHOUT THIS FORM MAY NOT BE TESTED.