Department *of* Health & Human Services
Medical Examiner

Bloodborne Pathogen Exposure Testing Request Form

Fill out this form if you've been exposed to blood from a deceased person that may be infected with bloodborne pathogens (such as HIV, hepatitis B, or hepatitis C). Your healthcare provider or organization can also fill it out for you.

Call the Utah Public Health Laboratory if you have questions.

- Monday through Friday, 8 a.m. to 5 p.m.: 801-965-2400 (ask for serology)
- After business hours, including weekends and holidays: 801-965-2522

The Utah Department of Health and Human Services (DHHS) will contact you with the test results.

Email the completed form to *UPHL@utah.gov* and *hepatitis@utah.gov.* Samples sent without this form may not be tested.

Physician Information (if applicable)

Name: _____

Office or Clinic Name: _____

Phone: _____ Email: _____

Exposed Person Information (required to get test results from DHHS):

Name: _____

Phone: _____ Email: _____

The bodily fluid or sharp object that caused the exposure: _____

Body part that was exposed to the fluid or sharp object: _____

Address where the exposure occurred: _____

Date of exposure: _____ Time of exposure: _____ am / pm

Was an open wound exposed? ☐ Yes ☐ No

Deceased Person Information

Name (if known): _____

Date of birth: _____ Date of death: _____