

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

Utah Public Health Laboratory
4431 South 2700 West
Taylorsville, UT 84129
(801) 965-2400 (ask for serology)
Weekends: 801-965-2522

Utah Office of the Medical Examiner
4451 South 2700 West
Taylorsville, UT 84129
(801) 816-3850

Bloodborne pathogen exposure testing request form

Physician requesting testing (if applicable)

Name: _____

Office: _____

Address: _____

Phone: _____

Email: _____

Person exposed (Required for notification of results)

Name: _____

Email: _____

Phone: _____

Type of bodily fluid/sharps producing exposure: _____

Area of body in contact with bodily fluid: _____

Was an open wound exposed? (Check one) Yes No

Address of occurrence: _____

Date of exposure: _____ Time of exposure: _____

Deceased subject

Name (if known): _____

DOD: _____ DOB: _____

Please email
completed form to
UPHL@utah.gov and
hepatitis@utah.gov

**ANY TEST
REQUESTED
WITHOUT THIS
FORM MAY NOT BE
TESTED.**