

# 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](mailto:UPHL@utah.gov) and [hepatitis@utah.gov](mailto: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: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

The bodily fluid or sharp object that caused the exposure: \_\_\_\_\_

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

Was an open wound exposed (mark 1):

Yes

No

Address where the exposure occurred: \_\_\_\_\_

Date of exposure: \_\_\_\_\_ Time of exposure: \_\_\_\_\_ a.m. / p.m.

## Deceased person information

Name (if known): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_