

**Confidential****DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL**

Name of Exposed Employee: \_\_\_\_\_

Name and Phone Number of Medical Provider Who Should be Contacted: \_\_\_\_\_

**INCIDENT INFORMATION**

Date: \_\_\_\_\_

Name or Medical Record Number of the Individual Who is the Source of the Exposure  
\_\_\_\_\_**NATURE OF THE INCIDENT**

\_\_\_\_\_ Contaminated Needlestick Injury

\_\_\_\_\_ Blood or Bodyfluid Splash Onto Mucous Membrane or Non-Intact Skin

Other: \_\_\_\_\_

**REPORT OF SOURCE INDIVIDUAL EVALUATION**

Chart Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Source Individual Unknown - Researched By: \_\_\_\_\_ Date: \_\_\_\_\_

Testing of Source Individual's Blood                      Consent: Obtained \_\_\_\_\_ Refused \_\_\_\_\_

**CHECK ONE:**

\_\_\_\_\_ Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.

\_\_\_\_\_ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen

\_\_\_\_\_ Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.***HIV-related information cannot be released without the written consent of the source individual.***