



STUDENT HEALTH SERVICES

Medical University of South Carolina
30 Bee Street Suite 102, MSC 980
Charleston, SC 29425

Office: (843) 792- 3664 Fax: (843) 792 - 2318

Requisition Entry:
Submitter:
**MUSC Student Health
Blood Contamination**

Laboratory Services

165 Ashley Ave, Room 318
Charleston, SC 29425
Phone: (843) 792-0707, FAX: (843) 792-4896

PROTOCOL LABS FOR SOURCE PATIENT (Student Blood Exposure)

BLOOD/BODY FLUID EXPOSURE PROTOCOL

- **Exposure Site:** Percutaneous Wounds – wash with soap/water x 5 minutes. MUCOUS Membranes: Flush with water x 15 minutes
- **Report Exposure** ASAP to Supervisor. During week (M-F) 8:00 – 5:00 PM call Student Health (843-792-3664). After hours and weekends page Hospital Supervisor (843-792-2123).
- If **SOURCE PATIENT** known **HIV (+)**, call Student Health Services immediately to speak to a Provider. After hours, weekends and holidays, call hospital operator at 843-792-2123 to page House Supervisor. **Draw a Lavendar Tube for Viral Load**
- **LABS On Source:** Draw (1) Gold Top SST (4 mL min volume) on **SOURCE PATIENT** or if no ability to draw blood on source patient (Dental clinic): **Take this completed order along with the patient to Rutledge Tower lab for protocol labs on the Source Patient.**
- **Label** blood specimens with **SOURCE PATIENT’S:** Name, MRN, DOB
- **Transport:** Take **SOURCE PATIENT** blood samples with this completed **STAT** lab request to the MUSC 3rd Floor laboratory (University Hospital Extension # 318) or Tube #99. Or if drawn at Rutledge Tower, the lab will label blood and send to fast flow lab.

Lab Result Reporting: Monday – Friday 8:00 AM – 5:00 PM call Student Health Services to speak to a Provider. (843-792-3664) Afterhours, Weekends, or Holidays page House Supervisor (HS) on call (843-792-2123).

Source Patient Sample

Source Lab Drawn

DATE: _____ TIME: _____ PHLEBOTOMIST NAME: _____

SOURCE PATIENT NAME: _____

MRN #: _____

DOB: _____

Circle Ordering Provider: **Susan Carnes, FNP-C** MUSC Student Health Services

If After hours Hospital Supervisor Name and Pager: _____

ATTN: FFL Accessioning: Use Social Security Number if MRN is not available.

BLOODBORNE EXPOSURE LABS

<u>CODES</u>	<u>TESTS</u>	<u>SPECIMEN TUBES</u>
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<input checked="" type="checkbox"/> BC	BC (BLOOD CONTAMINATION ON THE SOURCE PATIENT).	
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Attn LSS: TESTS INCLUDED IN PANEL: **HIV, HCV AB, Hep B Surface Antigen**

**ONE (1) Gold Top SST TUBE
(5 ML minimum volume)**

Order As STAT All suspect/reactive HIV 1&2 Ab will be reflexed to the HIV Multispot Differentiation for confirmation.

All Equivocal or Reactive HCV results will be reflexed to the Hepatitis C Viral Load by Quant PCR

Click here If HIV + Order Lab919 on HIV 1 RNA Quantitative PCR

**ONE (1) Lavendar Top
(4ml minimum volume)**