MUSC
Medical University of South Carolina

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
SHIV

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 on 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 there is 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: _____

Ordering Provider: Caroline Mitchell, 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

CODES	TESTS	SPECIMEN TUBES
☑ **BC**	BC (BLOOD CONTAMINATION ON THE SOURCE PATIENT).	
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)**