



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: 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>
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/>	Click here If HIV + Order Lab919 on HIV 1 RNA Quantitative PCR	ONE (1) Lavendar Top (4ml minimum volume)