



**County of Orangeburg
Human Resources Department**

Notification of Bloodborne Pathogen Exposure Form

We have had a Blood Borne Pathogen Exposure in our agency to one of our employees. We are requesting under the Ryan White Act and South Carolina State Law 44-29-230 that blood be drawn and tested on the following patient in your care. We are including the source patients name and the incident date and time to help you in obtaining the necessary information. Please perform the following test on the source patient's blood; HIV Screen, Hepatitis B Surface Antibody and Hepatitis C Antigen. Please contact the Listed Designated Officer for our agency upon completion of the lab results. We will provide you with a fax number to fax the results to at that time. Please confirm receipt of this by signing below and faxing it back advising the blood has been drawn and the test listed above have been ordered along with a point of contact for follow up from your office. Please forward the bills for the blood draw and lab work to the following.

*County of Orangeburg
Risk Manager
PO Box 9000
Orangeburg, S.C., 29116
Attention: Todd F. Williams
803-928-4098 (c) 803-533-6251 (o)*

Source Patients Name: _____

Source Patients DOB: _____

Source Patients Address: _____

Date of Incident: _____ County of Orangeburg Designated Officer: _____

24 hour Contact Number: _____ Email: _____

County Agency Fax Number : _____ (for Confirmation of receipt of request.)

Facility Name: _____

Facility Fax Number: _____ Email: _____

Facility Confirmation

By signing below, our facility _____ is in receipt of your request for lab services and labs will be completed in our facility for the source patient listed. We will process the request and you may contact the individual listed below for follow up. We will have our lab contact you at your 24 hour number upon completion of the lab work.

Contact Person: _____ Phone Number: _____

Signature: _____ Date: _____