

Exposed Employee Lab Worksheet

Last Name _____ First Name _____ MI _____

DOB _____ O Male O Female

Address _____ Telephone # _____

City/State/Zip _____

Test Request:

- 1968 Hepatitis B Surface Antibody
- 1400 Hepatitis C Ab
- 1414 HIV AB
- ALT

6 week Post Exposure:

- 1414 HIV AB

3 month Post Exposure

- 1414 HIV AB

6 month Post Exposure

- 1414 HIV AB
- 1400 Hepatitis C Ab
- ALT

Diagnosis:

Z57.8
Z57.8
Z57.8
Z57.8

Z57.8

Z57.8

Z57.8

Z57.8

Z57.8

Ordering Provider:

Office Phone # _____ Fax # _____

Copy to: Dr. David Weismantel AND Lansing Urgent Care
Michigan State University 2289 Grand River
University Physician's Office Okemos, MI 48864
463 E. Circle Drive, Room 346
Olin Health Center
East Lansing, MI 48824

Bill to: Michigan State University
Human Resources/ Workman Compensation
Nisbet Building Suite 104
1407 S. Harrison Rd
E. Lansing, MI 48824

Date Collected: _____ Time: _____