



Job Aide CP 7.1 Employee Health Exposure Orders

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|  | <b>DOCUMENT TYPE:</b><br><input checked="" type="checkbox"/> Form | <b>ORIGIN DATE IN TITLE 21</b>                   |
|   | <b>CLIA Lab Director:</b><br>Dr. Gregory Pomper                   | <b>LAB DEPARTMENT:</b><br>Central Processing Lab |

**Procedure:**

1. Receive a completed Employee Health Services exposure requisition:

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|  | Medical Center Boulevard<br>Winston Salem, NC 27157<br>Client Services: 877-933-9522<br>Fax: 336-716-8866 | Please Check Correct Location ID:<br><div style="text-align: center; font-size: 2em; font-weight: bold;">XEHSG</div> | Employee Health Services<br>Meads Hall<br>Winston Salem, NC 27157<br>Phone: 336-716-4801 |
|   | PLEASE FILL IN COMPLETELY OR ATTACH LABEL BELOW—PLEASE PRINT  |  |  |

|   |      |   |   |   |
|---|------|---|---|---|
| X   | STAT | Call To: 336-716-4801   | Bill Type:<br><input checked="" type="checkbox"/> Client                                | Source Patient Name:<br><div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> |
| Ordering Physician Name:<br>Clark, Robert NP  |      | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F | DOB:<br><div style="background-color: #e0e0ff; height: 20px; width: 50%;"></div>        |   |
| Collect Date and Time:<br><div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> |      |   | Collector:<br><div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> |   |

|   |  |                       |   |              |         |   |                       |         |   |                |
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| <b>Notes:</b> <ul style="list-style-type: none"> <li>○ Draw (2) gold top tubes</li> <li>○ No Add Ons</li> <li>○ Send Tubes in STAT lab bag</li> </ul> | Tests  |                       |   |              |         |   |                       |         |   |                |
|   | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="font-size: 0.8em;">LAB3307</td> <td style="font-size: 0.8em; color: red;">X</td> <td style="font-size: 0.8em;">HIV Antibody</td> </tr> <tr> <td style="font-size: 0.8em;">LAB3184</td> <td style="font-size: 0.8em; color: red;">X</td> <td style="font-size: 0.8em;">Hep B Surface Antigen</td> </tr> <tr> <td style="font-size: 0.8em;">LAB3187</td> <td style="font-size: 0.8em; color: red;">X</td> <td style="font-size: 0.8em;">Hep C Antibody</td> </tr> </table> | LAB3307               | X | HIV Antibody | LAB3184 | X | Hep B Surface Antigen | LAB3187 | X | Hep C Antibody |
| LAB3307   | X  | HIV Antibody          |   |              |         |   |                       |         |   |                |
| LAB3184   | X  | Hep B Surface Antigen |   |              |         |   |                       |         |   |                |
| LAB3187   | X  | Hep C Antibody        |   |              |         |   |                       |         |   |                |

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| <b>Exposed Employee's Information:</b><br>Name: <div style="background-color: #e0e0ff; height: 15px; width: 100%;"></div><br>Phone Number: <div style="background-color: #e0e0ff; height: 15px; width: 100%;"></div><br>Medical Center Campus: (Select One)<br><input type="radio"/> Winston <input type="radio"/> Davie <input type="radio"/> Lexington <input type="radio"/> Wilkes<br><input type="radio"/> High Point <input type="radio"/> WF Health Network <input type="radio"/> Other | <b>Reporting Procedure:</b> <ol style="list-style-type: none"> <li>1. Call Employee Health @ 336-716-4801 (Option 1)</li> <li>2. Complete source labs by:                     <ol style="list-style-type: none"> <li>a. Completing &amp; printing the Lab Requisition Form</li> <li>b. Collecting &amp; labeling blood from the source patient<br/>                             Note: Source patient name &amp; date of birth on the requisition &amp; sample must match</li> </ol> </li> <li>3. Deliver samples with completed requisition to the Winston Campus Lab                     <ol style="list-style-type: none"> <li>a. If not located on Winston Campus, call a STAT courier at 1-855-933-6368.</li> </ol> </li> </ol> |
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2. Log in to Care Evolve at wfubmc.careevolve.com with your username and password. Location is CS.
3. Enter the Account XEHSG. Click Search/Select.

4. In the Search box, enter the Source Patient's last name and search. If Source Patient is not in the system, click on Patients – Add Patient.
5. Complete the fields highlighted in red text: Name, Date of Birth, Gender. Relation is always Self. Scroll to the bottom and click Save & Place Order.
6. Select Bill Type as Client as indicated on requisition. Select Ordering Provider as indicated on requisition. Click Next.
7. Select the Test Group Exposure:  
  
Hepatitis B Surface Antigen (LAB3184)  
Hepatitis C Antibody (LAB3187)  
HIV Antigen Antibody Combo (LAB3307)
8. Click Next. Enter Collection date/time and collector's name if available. Complete the red highlighted fields for Employee Location, Employee Name, and Employee Phone number. Change Priority to Stat.
9. Click Complete. Exit Care Evolve.
10. Open Beaker, then Specimen Inquiry by Patient.
11. Enter the Source Patient's name in the Name/MRN box  
  
Note: you can search by typing first 3 letters of last name, comma, first 3 letters of first name, for example, Doe,Jan.  
  
Enter the location XEHSB in the Submitter box. Select Find Patient. Select the correct patient by name and date of birth.
12. Click the Requisition hyperlink (for example RQ65432). Click Labels, then click Select All. Print labels.
13. Scan labels in Receiving screen and label samples. Print an extra label for one of the chemistry samples. Highlight the location on the extra label. Spin will deliver the label to the chemistry bench.
14. File requisition in Manual Requisitions hanging file.