

Details of Patient/Source Contamination

To be completed by Doctor responsible for Source patient only if consent to take blood is not given

Name:	Location:
Consultant:	
Description of Incident:	

To be retained in patients notes and a copy provided to your **Occupational Health Service**

Please read carefully and complete the following by ticking either **yes** or **no**.

1. Are there any risk factors which would suggest possible infection by: Hepatitis B Hepatitis C HIV	No	Yes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Is there a history of: Jaundice Chronic Renal failure Long-term immunosuppressive therapy Haemophilia/Blood transfusions/ treatment outside the UK	No	Yes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3. Is the patient: A known IV drug user/addict Tattooed Native to Africa or South East Asia Known to have a history of AIDS related illness	No	Yes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4. Does the patient say: They are HIV , HepB or HepC positive	No	Yes
<input type="checkbox"/> <input type="checkbox"/>		
5. Are there: Previous blood tests for Hepatitis B/Hepatitis C/HIV Date of blood tests and result if known:	No	Yes
<input type="checkbox"/> <input type="checkbox"/>		

If the answer to any of the questions above is 'yes', the exposure should be deemed as high risk. Follow the protocols for post exposure prophylaxis.