NAME:	Title	PHONE/BEEPER:
		MESSAGES OK: YN
ADDRESS:		D.O.B.:
DEPARTMENT:		
TYPE OF EXPOSURE:		URE FOLLOW UP
PEP- NO DATE OF EXPOSURE:	/ /	SOURCE RESULTS: HIV (+) HCV (-)

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		HSA HBA HCV HIV ALT		
2 WEEKS				
3 WEEKS				
4 WEEKS				
6 WEEKS		HIV		
9 WEEKS				
12 WEEKS (3 MONTHS)		HIV		
6 MONTHS		HIV		
12 MONTHS		HIV		

Please Call Employee Health Services to schedule an appointment for follow-up blood work or for any questions or concerns:

210 Lincoln Street (508) 793-6400

Memorial Campus (508) 334-6238

NAME:	TITLE	PHONE/BEEPER:		
		MESSAGES OK: Y N		
ADDRESS:		D.O.B.:		
DEPARTMENT:				
TYPE OF EXPOSURE:		OSURE FOLLOW UP		
PEP- NO DATE OF EXPOSURE:	/	SOURCE RESULTS: HIV+ HCV+ / Unknown source result		

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV		
2 WEEKS		ALT		
4 WEEKS		ALT		
6 WEEKS		ALT HIV		
9 WEEKS				
12 WEEKS (3 MONTHS)		ALT HCV HIV		
6 MONTHS		ALT HCV HIV		
12 MONTHS		HIV		

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Memorial Campus (508) 334-6238

EMPLOYEE HEALTH SERVICES		DHONE/DEEDED.
NAME:	Title	PHONE/BEEPER:
		MESSAGES OK: YN
ADDRESS:		D.O.B.:
DEPARTMENT:		
	POST EXPO	OSURE FOLLOW UP
TYPE OF EXPOSURE:		
PEP- NO DATE OF EXPOSURE	E:/	SOURCE RESULTS: HIV- HCV+

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV		
2 WEEKS		ALT		
4 WEEKS		ALT		
6 WEEKS		ALT		
12 WEEKS (3 MONTHS)		ALT HCV		
6 MONTHS		ALT HCV		
12 MONTHS				

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NAME:	TITLE	PHONE/BEEPER:
		MESSAGES OK: Y N
ADDRESS:		D.O.B.:
DEPARTMENT:		
TYPE OF EXPOSURE:		OSURE FOLLOW UP
PEP- YES DATE OF EXPOSURE:	/	SOURCE RESULTS: HIV+ HCV- / Unknown source result

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV AST AMYLASE CREATININE GLUCOSE CBC with diff. UCG(IF INDICATED)		
2 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
4 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
6 WEEKS		HIV		
12 WEEKS (3 MONTHS)		HIV		
6 MONTHS		HIV		
12 MONTHS		HIV		

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2 WEEKS

4 WEEKS

6 WEEKS

12 WEEKS (3 MONTHS)

6 MONTHS

12 MONTHS

ALT HIV

HIV

ALT HCV HIV

ALT HCV HIV

NAME:		Title		PHONE/BEEPER		
				MESSAGES OK: Y	N	
ADDRESS:			_	D.O.B.:		
DEPARTMEN'	Γ:					
		<u>P</u>	OST EXPOSU	JRE FOLLOW UP		
TYPE OF EXP	OSURE:					
PEP- YES DA'	TE OF EX	POSURE://_		SOURCE RESULTS: HIV	/+ HCV+ / Unknown sour	ce result
PROTOCOL	DATE		LABS		RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV H				

Please Call Employee Health Services to schedule an appointment for follow-up blood work or for any questions or concerns:

ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.

ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.

210 Lincoln Street (508) 793-6400 Memorial Campus (508) 334-6238 University Campus (774) 441-6263