

EMPLOYEE HEALTH SERVICES

NAME: _____ Title _____ PHONE/BEEPER: _____

MESSAGES OK: ___ Y ___ N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

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 University Campus (774) 441-6263

EMPLOYEE HEALTH SERVICES

NAME: _____ TITLE _____ PHONE/BEEPER: _____

MESSAGES OK: _____ Y _____ N

ADDRESS: _____

D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

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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TYPE OF EXPOSURE: _____

PEP- NO DATE OF EXPOSURE: ___/___/___

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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MESSAGES OK: _____ Y _____ N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

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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MESSAGES OK: ___ Y ___ N

ADDRESS: _____

D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

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		ALT HIV		
12 WEEKS (3 MONTHS)		ALT HCV HIV		
6 MONTHS		ALT HCV HIV		
12 MONTHS		HIV		

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