Blood Borne Pathogen Protocol

Exposure Checklist

Exposed Person, please initial each item:

1. _______ Make sure that source patient blood is drawn by clinic/hospital personnel (HIV, BSAG, HCV).

2. _______ Notify supervisor at the clinical site where you were exposed.

3. _______ Contact the office of Institutional Health at 806-743-3019 (during regular office hours) or 806-368-2647 (after hours)

4. _______ Notify your program director

Please mail forms to TTUHSC: ATTN Nicole Hines MS 8150, 3601 4th ST Lubbock TX 79430