Instructions for Physician or RN Manger or Designee filling out this form:

* Ensure that the source mother has been notified of the event and informed that we will need to collect labs for our exposure investigation
* Between 0800 and 2359: Fill out this form and send a designee to escort the source mother to the Admitting department (Gateway Building, 1st floor) who will create a registration account so that the mom can have their bloodwork performed.
* Between 0000 and 0800: Inform mother that we will have to wait until 0800 to register them in the system.

Instructions for Admitting Rep:

1. Please create an account and register the mom for blood work using the information below.
2. The carrier/plan code billing info for these tests will be charged to **396000 CHLA Infection Control**
3. When the outpatient laboratory is open, please send the mother to the outpatient lab for bloodwork.
4. When the outpatient laboratory is closed, please send the mother back to their child’s room so that the Vascular Access Team can be called for the bloodwork.

**SECTION ONE: Source Mother Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN of Source Mother’s child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION TWO: Ordering Information:**

Ordering Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labs that have been ordered (circle both):

Hepatitis B surface antigen testing HIV 1/2 Ab/Ag