



**DEPARTMENT OF MEDICAL EXAMINER-CORONER
FORENSIC SCIENCE LABORATORIES**



**CONFIDENTIAL HIV TEST
REQUEST/EXPOSURE REPORT FORM**

Telephone (323) 343-0530 Fax (323) 222-5171
e-mail: laboratories@coroner.lacounty.gov

With this form, I certify that an exposure to blood or bodily fluids from a Coroner's Decedent has occurred and request an HIV test on the source blood.

Name of EXPOSED INDIVIDUAL(S): _____

Agency: _____

Date of Exposure: _____

Coroner's Case Number: _____

Name of Coroner's Decedent: _____

Describe type and details of exposure: (i.e., blood splash in face, accidental needle stick, CPR)

Person filling out this request/report form:

Name: _____

Agency: _____

Title: _____

Phone Number: _____

Signature: _____

NOTE: According to Department Policy, negative HIV test results may be released to the health care provider for the exposed, to the exposed, or the 'designated officer' of the exposed. Any positive results will be referred to the County's AIDS Program Office for notification to the exposed