

**APPENDIX 6: UNIVERSITY OF NORTH DAKOTA OCCUPATIONAL EXPOSURE TO BLOODBORNE  
PATHOGENS SOURCE IDENTIFICATION**

**Supervisor:** Please complete this form to the best of your knowledge if a source individual can be identified in an exposure incident involving human blood or other potentially infectious materials (OPIM). Transmit this form as soon as possible to the Licensed Healthcare Provider, the Designated Medical Provider, or Student Health Services that is treating the exposed Employee/Student.

|  |                                    |
|--|------------------------------------|
| <b>CAMPUS UNIT</b>                           |                                    |
| <b>Unit Name:</b> _____                      | <b>Unit Head/Title:</b> _____      |
| <b>Unit Address (incl. mail code):</b> _____ |                                    |
| <b>Unit Head Work Phone:</b> _____           | <b>Unit Emergency Phone:</b> _____ |

|                                 |                          |
|---------------------------------|--------------------------|
| <b>EXPOSED EMPLOYEE/STUDENT</b> |                          |
| <b>Name:</b> _____              | <b>Title:</b> _____      |
| <b>Home Phone:</b> _____        | <b>Work Phone:</b> _____ |
| <b>Date of Exposure:</b> _____  |                          |

|  |  |
|--|--|
| <b>SOURCE INDIVIDUAL</b>   |  |
| The human blood or other potentially infectious material involved in the exposure referred to above came from the following individual:                        |  |
| <b>Name:</b> _____   | <b>Work Phone:</b> _____                   |
| <b>Home Address:</b> _____   | <b>Home Phone:</b> _____                   |
| <b>City:</b> _____   | <b>State:</b> _____ <b>Zip Code:</b> _____ |
| The above-named source individual <input type="checkbox"/> has <input type="checkbox"/> has not been referred to the Licensed Healthcare Provider for testing. |  |
| <input type="checkbox"/> Source individual declined to be tested   |  |
| <input type="checkbox"/> Above-named source individual cannot be located   |  |
| <b>Unit Representative Signature:</b> _____  | <b>Title:</b> _____                        |
| <b>Date:</b> _____   |  |