

**Form D**

**Off-Site Laboratory Testing Authorization**

# Bloodborne Pathogen Post-Exposure

## INSTRUCTIONS: In the event that the NUNM laboratory is closed and testing must be done at an off-site location, please give this information to the front office personnel at the healthcare facility conducting to the post-exposure testing.

***Request an Occupational Exposure/Blood Borne Pathogen Screening (HIV/Hepatitis B&C)***

Employer: National University of Natural Medicine 49 S Porter Street

Portland, OR 97201 Employer Contact: Director of Human Resources Account number for employees: ***024 0041 OEEWCT***

Student contact: Dr. Jessica Nagelkirk

NUNM Health Center

3025 S Corbett Ave.

Portland, OR 97201 **503-552-1874 (office)**

**906-235-5950 (cell)**

Account number for students: ***85025-12* (Exposure-outsourced)**

Physician**:** If you have provided treatment for an on-the-job injury for an NUNM **employee**, send Workman’s Compensation form 827 to:

Oregon Educational Employers Workers’ Compensation Trust (OEEWCT) C/O Empire Pacific 5300 Meadows Rd- 300

Lake Oswego, Oregon 97035

Phone: 503-968-6300

Fax: 503-968-6305

Emergency Room Physician: If possible, refer injured worked to an occupational specialist for follow-up care.

I would like the results of the blood draw to be made available to the NUNM Exposure Control Officer, Dr. Jessica Nagelkirk.

Date

Student/Employee/Source Individual’s Signature

Print Student/Employee/Source Individual’s Name

*Updated 11/4/2021*