

**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  
049 SW Porter Street  
Portland, OR 97201 Employer

Contact: Director of Human Resources

Account number for employees: **024 0041 OEEWCT**

---

Student contact: Dr. Melanie Henriksen  
NUNM Natural Health Center  
3025 SW Corbett Ave.  
Portland, OR 97201  
**503-552-1966 (office)**  
**503-740-4541 (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. Melanie Henriksen.

\_\_\_\_\_  
Print Student/Employee/Source Individual's Name

\_\_\_\_\_  
Student/Employee/Source Individual's Signature

\_\_\_\_\_  
Date