



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



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

Telephone: (323) 343-0530  
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.