

## Sharps Injury Incident Form

<b>Date of Incident:</b>		
<b>Time of Incident:</b>		
<b>Location of Incident:</b>		
<b>DONOR</b>	<b>RECIPIENT</b>	
Surname:.....	Surname:.....	
Forenames:.....	Forenames:.....	
Patient No:.....	Patient No:.....	
Sex:.....	Sex:.....	
Date of Birth:...../...../.....	Date of Birth:...../...../.....	
Department:.....	Department:.....	
Telephone no / bleep:.....	Telephone no / bleep:.....	
<b>Donor investigations:</b>	<b>Recipient investigations:</b>	
Hepatitis B surface antigen Hepatitis C antibodies HIV 1 & 2 antibodies Syphilis screen	Save serum only	
Collect EDTA blood in appropriate gel tube	Collect EDTA blood in appropriate gel tube	
Clinical details and / or other relevant medical information: .....	Signature of staff collecting blood sample: .....	
<b>TO BE COMPLETED BY THE DOCTOR:</b>		
<b>I have discussed the serological investigations with the Donor and have documented this in the notes. The Donor would / would not like a copy of the test results. (Please delete as appropriate)</b>		
Name of Doctor: .....	Signature: .....	
	Date:...../...../.....	

**Action: Now report the sharps injury**

