University College London Hospitals NHS
NHS Foundation Trust

UCLH Sharps Injury Incident Form

Date of Incident:	
Time of Incident:	
Location of Incident:	

DONOR	RECIPIENT
Surname:……..	Surname:……..
Forenames:……..	Forenames:……..
Patient No:……	Patient No:……
Sex:……	Sex:……
Date of Birth:……./……../……	Date of Birth:……./……../……
Department:……	Department:……
Telephone no / bleep:…….	Telephone no / bleep:…….
Donor investigations: Hepatitis B surface antigen Hepatitis C antibodies HIV 1 & 2 antibodies Syphilis screen Collect EDTA blood	**Recipient investigations:** Save serum only Collect EDTA blood

Clinical details and / or other relevant medical information: ……	Signature of staff collecting blood sample: ……..

TO BE COMPLETED BY THE DOCTOR:

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)

Name of Doctor: ……..	Signature: …….. Date:……./……./……

Action: Now report the sharps injury by telephone:
0845 155 5000 (0800-1630 ext 5474) [out of hours ext 70034]