Private and Confidential

Date:

Dear Dr. ,

Re: Name; Address

DOB:

Re: Follow-up for Blood /Body Fluid Exposure incident

The above named patient/employee of your organisation was involved in a reported blood and/or body fluid exposure incident on ______ and attended at this service on ______. This person was the recipient of the injury.

The exposure incident was considered to be:

□ Significant

Please find attached a copy of the patient management form detailing their assessment and management at this service.

Follow-up required -

□ complete the course of hepatitis B vaccination and test for hepatitis B surface antibody 8 weeks after completion of the course of vaccination.

Carry out a hepatitis B surface antibody test 8 weeks from today's date.

 \Box wound dressing.

In addition, I wish to confirm the following -

Referred to Infectious Disease Service at ______

 $\hfill\square$ Infectious Diseases notification to Director of Public Health completed

Other _____

Thank you for your cooperation in this matter and do not hesitate to contact this service should you have any queries or concerns.

Yours sincerely,

A downloadable version of this letter can be found at www.emitoolkit.ie