

# Referral letter to Infectious Disease/HIV Physician

## Private and Confidential

Date:

Dear Dr. ,

Re: *Name; Address*

DOB:

**Re: Follow-up for Significant Blood /Body Fluid Exposure**

The above named person was involved in a reported blood and/or body fluid exposure incident on \_\_\_\_\_ and attended at this service on \_\_\_\_\_.

This person was the: Source/Recipient of the injury (**delete as appropriate**).

Relevant patient clinical information attached (**tick box as appropriate**):

- If Recipient** - copy of the patient management form detailing the assessment and management of the recipient at this service.
- If Source** - copy of the source individual's blood test reports.

In addition, I wish to confirm the following (**tick box as appropriate**):

- Patient's GP informed
- Infectious diseases notification to Director of Public Health/MOH completed
- Other \_\_\_\_\_

Please do not hesitate to contact this service should you have further queries or concerns.

Yours sincerely,