

**UNC Division of Clinical Laboratory Science
LABORATORY INCIDENT REPORT**

This form should be used to document any incident resulting in potential or actual illness or injury to a student in the UNC Division of Clinical Laboratory Science while acting in his/her capacity as a student. Please do not use it for any other students!!

Please refer to the Division of Clinical Laboratory Science Incident Policy (<http://www.med.unc.edu/ahs/clinical/students/policies/#incident>) for more information.

If a potential blood-borne pathogen exposure has occurred, please call UNC Campus Health Services at 919-966-6573. Source Patient information (Name, MR#, location) must be provided to CHS. See <http://campushealth.unc.edu>; Urgent Needs, Health Science Students.

Student's Name _____ PID _____

Date of Incident _____ Time _____ Course _____

Location of Incident _____

Description of Incident _____

Description of Action Taken/ Care Provided on Location _____

Was student referred for further medical care or follow up?

_____ Yes, to Campus Health Services

_____ Yes, to other location (please specify): _____

_____ No

Reason not referred _____

Student's Signature _____

Date _____

Instructor's Signature _____

Date _____

Return Form to:
Div. of Clinical Laboratory Science
Bondurant Hall Suite 4100, CB#7145
Chapel Hill, NC 27599-7145
For Assistance Call: 919-966-3011