

PART B – SOURCE PATIENT INDIVIDUAL (CONFIDENTIAL)

Date	Name			Age
Mailing Address			City	State Zip Code
Telephone Number				
Source Patient Drawn?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
Source Patient Labs				
Date	HIV			
Date	Hepatitis Panel			
Clinical agency :				
Staff Member, Clinical Agency :				Date
<input type="checkbox"/> Consent for source patient or guardian labs signed and filed in agency chart. <input type="checkbox"/> PEpline and Warmline information provided to student.				
Faculty Member, TMCC				Date