

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

Student's Full Name _____ PID _____

Home Address _____
Street Address _____ *City* _____ *State* _____ *Zip* _____

Home Phone _____ Other Phone (*optional*) _____

Date of Incident _____ Time _____ Course _____

Location of Incident _____

Description of Incident _____

Student's Signature _____ Date _____

To Be Completed By Instructor

Date Incident was Reported _____ Time _____

Patient/ Specimen Involved (*please provide sufficient information to investigate patient history, e.g. name, ID#, physician name, etc.*) _____

Other Students Involved _____

Was student referred to Student Health Services? _____ Yes _____ No

Reason not referred _____

Was student referred to other medical location? _____ Yes _____ No

Where? _____

Please Attach Documentation of Follow-Up Care

Instructor's Signature _____ Date _____

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