

Source Individual's Consent or Refusal

for HIV, HBV, and HCV Infectivity Testing

Weber State University – Environmental Health & Safety

Revised February 2001

Source Individual is the person whose blood or body fluids provided the source of this exposure.

Note: Complete this form and submit to the health care professional and WSU EH&S, mc 3002

Exposed Individual's Information

Name (Please Print): _____

WSU Department or Program: _____

Telephone Number: _____

Exposure Date: _____

Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a WSU employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature

I hereby consent to:

HIV Testing ___

HBV Testing ___

HCV Testing ___

I hereby *refuse* consent to:

HIV Testing ___

HBV Testing ___

HCV Testing ___

Source Individual Identification

Source individual's printed name: _____

Source individual's signature: _____

Date signed: _____

Relationship (if signed by other than the source individual): _____