

Appendix D

Exposed Individual's Consent or Refusal

For HIV, HBV and HCV Infectivity Testing
Villanova University – Environmental Health & Safety Department

Note: Complete this form and submit to the Villanova University health care provider.

Exposed 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, or human cell lines. I understand that I have been accidentally exposed to blood, bodily fluids, or human cell lines and that testing for HIV, HBV and HCV infectivity is available. 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 or a false negative result when an HIV antibody is present and follow-up 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 and to others only as required by law.

Please initial all boxes that apply and sign below:

Infectivity Agent	Waive right to testing	Consent to blood collection and testing	Consent to blood collection, <u>But Not Serological Testing.</u>	Reserve right to Serological Testing within 90 days of date blood was collected.	I refuse consent to testing. The source material to which I was exposed was screened for HIV, HBV & HBC. I am comfortable with the Certificate of Analysis provided by the University.
HIV					
Hepatitis B					
Hepatitis C					

Certificate of Analysis provided by Villanova under Purchase Order Number _____ (if applicable).

Exposed individual's printed name: _____

Title: _____

Villanova University Department or Program: _____

Telephone number: _____

Exposure Date: _____

Signature of Exposed Individual
(or parent/guardian if individual is less than 18 years old)

Date