SOURCE OF THE EXPOSURE – BLOOD BORNE PATHOGEN
CONSENT FORM FOR TESTING AND FACT SHEET
(Completed form to be filed in patient’s chart)

A staff member in this facility has been exposed to your blood or body fluids through a needlestick, sharp or splash injury. Would you please assist us in deciding what treatment should be offered to the staff member by having blood taken and tested for Human Immunodeficiency Virus (HIV/AIDS), Hepatitis B (HBV) and Hepatitis C (HCV). The management of the affected staff member will be based on the results of your blood tests so permission is also sought to inform the affected staff member what the results are.

To assist in your decision please read the following information, clarify any issues with your Doctor and indicate your agreement to have blood taken and tests performed by signing this Consent Form.

Issues for consideration:

• HIV, HBV and HCV are all infections that may be passed from person to person through contact with blood and certain other body fluids. HIV is the cause of AIDS and both HBV and HCV can cause serious liver disease.
• The blood tests you are being asked to have will establish your present status with regard to HIV, HBV and HCV. In other words, these tests will determine if you do or do not already have any of these viruses.
• Should any of these test results be positive, contact tracing may be necessary (your partner/s and family may need to be tested). In addition, notification to the Health Department that a positive result has been obtained would be necessary. These are legal requirements.
• You have the right to refuse to have these blood tests.
• It is very important that you understand the information on this page. If there is something that you do not understand please discuss the issue with your Doctor before having your blood taken.

Thank you for your assistance.

I ..........................................................................................., hereby consent to my blood being tested for antibodies to HIV (Human Immunodeficiency Virus), as well as Hepatitis B and Hepatitis C viruses.

I have been counselled about the possible social, medical, legal and economic consequences of a positive result. I understand that a positive result would make notification and contact tracing necessary as these are legal requirements.

If I am the source of a blood or body fluid exposure I also give consent for the result of this HIV test and other associated tests to be disclosed confidentially to the injured person.

Signed………………………………………………………..Date …………..………………..Time ………………..

Witness……………………………………………
(Print Name)

Signature……………………………………………………..Date …………..…………………..Time ………………..
(Witness)
Antiretroviral Prophylaxis for Exposure to HIV

To Be Given to the Exposed Person

- Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) viruses are all infections that may be passed from person to person through contact with blood and certain other body fluids. HIV is the cause of AIDS and both HBV and HCV can cause serious liver disease.

- The blood tests you are being asked to have will establish your present status with regard to HIV, HBV and HCV. In other words, these tests will determine if you do or do not already have any of these viruses.

- Should these test results be positive, contact tracing will be necessary (your partner/s and family may need to be tested). In addition, notification to the Health Department that a positive result has been obtained would be necessary. These are legal requirements.

- You have the right to refuse to have these blood tests.

- It is very important that you understand the information on this page. If there is something that you do not understand please discuss the issue with your Doctor before having your blood taken.