

Appendix E

Source Individual's Consent or Refusal

For HIV, HBV and HCV Infectivity Testing

Villanova University – Environmental Health & Safety Department

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

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

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 Villanova University 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 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, to the exposed person for his or her medical benefit only and to others only as required by law.

Please initial all boxes that apply and sign below:

Infectivity Agent	Waive right to testing	Consent right to testing only	Consent right to testing, and make results available to exposed parties.	Consent right to testing and <u>Do Not</u> make results available to exposed parties.
HIV				
Hepatitis B				
Hepatitis C				

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

Source individual's printed name: _____

Title: _____ Villanova University Department/Program: _____

Telephone Number: _____ Exposure Date: _____

Signature of Source Individual: _____ Date: _____

(or parent/guardian if individual is less than 18 years old)

Villanova University Employee? ____ (Yes) ____ (No)

Villanova University Student? ____ (Yes) ____ (No)

Employee Title: _____

Student ID: _____

Employee Department: _____

Student College: _____