Form C

Exposed Individual
CONSENT FOR LABORATORY TESTING

Bloodborne Pathogen Post-Exposure

On _____, I was inadvertently exposed to a potentially infectious bodily fluid. In order to assess and minimize the risks associated with this exposure, I

Do _____ Do NOT_____

give my consent for a small amount of blood to be drawn from me to detect the presence of disease including Hepatitis B Virus, Hepatitis C and HIV. I have been advised of the side effects of a blood draw. I also understand that the tests will be conducted in a confidential manner that this test will not be charged to me.

Results of the blood draw will be made available to my personal physician, Dr. _____, and to the NCNM Exposure Control Officer in order to comply with state and federal regulations.

_____
Physician Name

_____

_____

_____ _____
Physician Address Physician Phone Number

_____
Print Exposed Individual's Name

_____ _____
Exposed Individual's Signature Date

_____ _____
Print Witness Name

_____ _____
Witness Signature Date