

BLOODBORNE PATHOGENS POST-EXPOSURE

BLOOD TESTING OF EXPOSED EMPLOYEE CONSENT/DECLINATION

Introduction

Miami University offers at no cost to any BBP exposed employee post-exposure blood testing for hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV). If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the treating physician must preserve the blood sample for a period of at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, such testing shall be performed as soon as feasible (reference the OSHA Bloodborne Pathogens standard 29 CFR 1910.1030(f)(3)(iii)(B)).

The licensed healthcare professional conducting the tests is responsible for providing information concerning the nature of the tests and testing procedures, including the purpose and limitations of the tests as well as the significance of the test results. Any questions you may have regarding the nature of the tests should be directed to the licensed healthcare professional.

CONSENT FORM

I, _____, have read and understand the information above. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV)—both serious illnesses—and hereby consent to the following blood collections/tests (check all that apply):

- Hepatitis B Virus (HBV) Hepatitis C Virus (HCV) Human Immunodeficiency Virus (HIV)
If HIV blood collection was checked, testing is to occur: As soon as feasible Delay up to 90 days

Exposed Individual Signature

Witness Signature

Exposed Individual's Social Security Number

Affiliation

Date

Date

DECLINATION FORM

I, _____, have read and understand the information above. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV)—both serious illnesses. However, I hereby decline my right to have blood collected/tested.

Exposed Individual Signature

Witness Signature

Exposed Individual's Social Security Number

Affiliation

Date

Date

Note: Exposed Employee must complete either the Consent Form or Declination Form, but not both.