MINNEAPOLIS SCHOOL BASED CLINICS program

Consent for Special Testing
Source Individual

A program of the Department of Health & Family Support, Minneapolis City of Lakes

Source Individual Information *please print*

Last Name	First Name
Date of Birth *mm/dd/yyyy*	Phone

Physician/Clinic Information

Last Name	First Name		
Clinic Name	Clinic Phone		
Street Address	City	State	Zip

Consent

A health care worker has accidentally been exposed to your blood or body secretions.

In the health care setting, accidental exposure to a patient's blood or body secretions can result in an infectious risk to a health care worker, including nurses, laboratory personnel, physicians and emergency service personnel. By testing your blood, specific infectious risks can be identified and recommended treatments can be determined.

By signing this consent, you are giving your permission to test a sample of your blood. The test results are confidential unless state law mandates reporting to the Minnesota Department of Health.

If the test results indicate the presence of some infectious disease, the result will first be communicated to your physician, who will then discuss the significance of the results with you. These results will also be communicated to the exposed employee and the employee's physician, in order to determine appropriate treatment for the employee.

I give permission for a sample of my blood to be drawn and tested for the presence of infectious agents, specifically human immunodeficiency virus and hepatitis B virus.

Signatures

Source Individual Signature _____ Date _____

Source Parent or Guardian Signature *if source is under 18 years old* _____ Date _____

Witness Name *please print* _____

Witness Signature _____ Date _____

Standing Orders for Blood Testing for Infectious Disease

HIV antibody, Hepatitis B and C antigens and Hepatitis B and C antibodies to be done as a result of employee exposure.

Approved Signature _____ Date _____

A copy of this consent will be sent to the Personnel Officer and to the source individual's physician