

Roger Williams University  
Health Service  
*One Old Ferry Road \*Bristol, RI 02809 \*401-254-3156*

**Consent to Test for HIV / HEPC / HEPBsAG  
Source Patient**

**Employee-related Exposure Event**

**Patient name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

1. An employee of Roger Williams' University has been exposed to my bodily fluids, and these tests are a part of the Exposure Control Plan, not a part of my medical treatment. I understand that Roger Williams University has this Exposure Control Plan to comply with OSHA29 CFR Ch. XVII 1910.1030.
2. I understand that the test results will be given to my Primary Care Physician, Occupational Medicine Physician, and the exposed employee, exposed on \_\_\_\_\_. Results will also become a part of the exposed employee's confidential employee health record. Employees of Roger Williams University are required to sign confidentiality statements in relation to this type of information, in accordance with M.G.L. c. 111,870F,HLTV-III Test Confidentiality and informed Consent.
3. I understand that this test and the results will not be a part of my medical record or the university's information system, nor will my insurance company be billed or made aware of tests or results.
4. As with any test, false-positive and false-negative results may occur. I will be informed of the test results by my Primary Care Physician.
5. The Roger Williams University nurse, witness below has discussed this informed consent with me, has given me the opportunity to ask questions, and has explained it to my satisfaction. Additional information regarding HIV and HEPATITIS test, specimen results, and/or patient counseling is available from the Rhode Island Department of Health.

My signature below authorizes Roger Williams' University to procure a blood specimen from me for the performance of HIV and HEPATITIS B&C testing. I understand that I have the right to decline these tests at any time.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Print name of primary care physician: \_\_\_\_\_

Treating Physician Laboratory Orders

- HIV
- HepC
- HepBsAG