BLOODBORNE PATHOGEN POST-EXPOSURE
SOURCE INDIVIDUAL TESTING REFUSAL FORM

The patient has refused to give consent for HIV testing; however, because a health care provider has suffered a possible HIV infective exposure, the test should be performed over the patient’s objection. I understand that results will be managed per Hospital Policy.

Source individual:
You have been involved in an incident during which your blood or other body fluids have come in direct contact with an employee of the Medical College of Georgia Health Systems. In order to provide proper medical follow-up for the exposed employee, you are requested to submit to blood testing for the human immunodeficiency virus (HIV), Hepatitis B virus and Hepatitis C virus. All costs for these tests will be paid for by the Medical College of Georgia Health Systems. The results of these tests will be disclosed to the exposed employee and the licensed healthcare provider treating the exposed employee for this exposure incident. The exposed employee and his/her healthcare provider shall make no disclosure of your medical information.

I have read and understand the above information, and have had the opportunity to ask questions. I have received counseling on HIV testing, confidentiality relating to HIV, behaviors that reduce the risk of HIV transmission, and treatment options for HIV.

By signing below, I order the following labs performed on the above source individual:
HIV (HIV ½), Hepatitis B surface antigen (HbSAg), Hepatitis C antibody (HCV)

_____________________________________________        ________________________________
Physician Printed Name                                                                   Physician pager #

_____________________________________________        ________________________________
Physician Signature                                                                             Date

(The following is required if consent was refused.)
The patient has refused to give consent for HIV testing; however, because a health care provider has suffered a possible HIV infective exposure, I concur that an HIV antibody test should be performed over the patient’s objection. I understand that results will be managed per Hospital Policy.

____________________________________________
Concurring Physician printed name

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Concurring Physician signature