



## Source Consent Form

U.R. Number \_\_\_\_\_  
Surname \_\_\_\_\_  
Given Names \_\_\_\_\_  
D.O.B.        /        /        Sex \_\_\_\_\_

AFFIX PATIENT LABEL HERE

I,

Attach patient label (Source)

understand that I have been identified as the source patient of a blood/body fluid exposure incident.

Following counselling by  
HMO (*print name*)

and regarding the potential significance of the above tests, both to myself and the recipient, I give my consent to having these tests performed. I understand:

- a. I will incur no costs for these procedures.
- b. The results of the tests will be communicated to the person exposed to blood or other body fluid. **All of my results will be treated confidentially.**
- c. A copy of my results will be provided to the Infection Control/Staff Health Unit.

Consent (written) ☐ Consent (verbal) ☐

NB Consent must be obtained

Consent may be obtained verbally or in writing

Source must be deemed to be alert and orientated. (*refer to pre counselling guidelines overleaf when obtaining consent*)

Source Patient Name

Patient Signature

Witness (HMO) Name

Witness Signature

Date

Place this completed form in patient's medical record when complete

## **Source-Pre test discussion**

### **Instructions for the Medical Officer responsible to attend the source patient pre test discussion**

Following an occupational blood or body substance exposure or sharps injury, a pre test discussion with the source must be undertaken, and include an assessment of the risk/likelihood of the person having a blood borne virus in order to obtain valid consent to attend serology.

The Medical Officer must provide the pre test discussion with the source person/parent/guardian/person responsible to obtain valid consent to attend serology tests.

If the Medical Officer is unable to attend to this task due to time constraints or patient availability, the Medical Officer is to arrange and ensure a medical colleague attends to this task as soon as possible.

Explain that the person has been the source of an exposure to blood or body substances and request permission to ask questions regarding the possibility they may have a blood borne virus.

The Medical Officer responsible for the care of the 'source' person must ensure that the following procedures are attended and consider the following in providing pre test discussion.

Has the source been previously tested or are they aware of having HIV/HBV/HCV?

- If YES – when were they tested, for which viruses, where were they tested?
- If POSITIVE – do they know their viral load or other details, are they on treatment, who else may have this information?
- If NO – ask the source person to consider the likelihood that they may have a blood borne virus. Discuss the means of transmission, ie unprotected sex and/or exposure to blood via tattooing, endemic in population, injecting drug use.

The circumstances and risk from the source person (lifestyle, health, history)

What a positive result means

What a negative result means

The source patient medical record must include:

- The completed 'Source Consent Form'
- A record of serology tests attended
- Arrangements made to inform the source person of their serology results