**CONSENT FOR BLOOD TESTS FOLLOWING NEEDLE STICK INJURY**

Due to a recent incident, I have been requested to have my blood tested. I understand the risk of infection following accidental blood exposure.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to my blood being tested for HIV (Human Immunodeficiency Virus), Hepatitis B ,Hepatitis C viruses and/or any other possible blood borne pathogens .

I understand that the results of this blood test will only be confidentially released to those healthcare providers directly responsible for my care and treatment and to the National Ambulance Occupational Health Service to be used as evidence to confirm or exclude the exposure of the injured staff to the blood borne pathogens.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date