**REQUEST TO HOLD SERUM FOR SEROLOGIC TESTING FOR HIV/HBV**

 I, the undersigned, hereby acknowledge that I have been counseled on the post-exposure risks of infection to me from blood/body fluids, including Hepatitis B and AIDS and have been offered serological testing for follow-up. I understand that this testing would be drawn at no cost to me.

 I request that the specimen be drawn and held for testing by the testing laboratory for a maximum of ninety (90) days from the date the specimen is drawn. If, at the end of ninety (90) days, I have not submitted a signed consent for the post exposure blood/body fluid serological testing, I understand the specimen will be discarded and the testing will not be completed. If I want the specimen discarded prior to the ninety (90) days, I understand I will have to submit a signed waiver to serological testing.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**