Medical Evaluation Consent

A. □ I consent to allowing both a baseline blood sample collection and serological testing of the sample:

B. □ I consent to allowing a baseline blood sample collection, but NOT to serological testing of the sample at this time. I understand the blood sample will be preserved for at least 90 days. I can request a serological test of the sample at any time within the 90 day period, but understand I must give an additional blood sample to document seroconversion.

C. □ I do not consent to allowing either a baseline blood sample collection or serological testing.

Name: _________________________________________

Signature: _______________________________ Date: ___________

Source Individual Testing

Check one of the following

A. □ Source has agreed to be tested.

B. □ Source has refused to be tested.

C. □ Source cannot be found or identified.

Name: _________________________________________

Signature: _______________________________ Date: ___________