HIPAA NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT

I have received a copy of the Oxford Immunotec, Inc. Notice of Privacy Practices.

__________________________________________
(Signature of patient)  (Date)

__________________________________________
(Print Name)

For Oxford Immunotec, Inc. use only
A written signature of this form was attempted but could not be obtained because:

_____ The individual refused to sign

_____ An emergency or other situation prevented obtaining this acknowledgment

Other: ____________________________________________
CONSENT FOR TB TEST

This consent form documents my consent to the T-SPOT®.TB test for active and latent (or inactive) tuberculosis (TB) infection. I understand that this test is being requested as part of a TB screening event conducted on behalf of CUSTOMER NAME (“Institution”).

RISK SUMMARY

The T-SPOT.TB test is a blood test requiring a sample of approximately 6mL of blood drawn by needle from my arm. I understand that there is a slight risk of bruising and mild discomfort associated with a blood draw. Another risk of a blood draw is the infrequent occurrence of fainting. The testing presents a risk to my privacy because the results will be shared with Institution.

I understand that I may withdraw my consent at any time; however, I may be requested to undergo alternative TB testing.

My signature below indicates that I have read and understand this consent form, have had an opportunity to ask questions and that all of my questions have been answered.

CONSENT

Signature: __________________________________________________________

Print Name: _________________________________________________________

Date: _________________

T-SPOT is a registered trademark of Oxford Immunotec Ltd.
Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  ☐ Yes  ☐ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)  ☐ Yes  ☐ No

Afghanistan  Comoros  Iraq  Namibia  Somalia
Algeria  Congo  Kazakhstan  Nauru  South Africa
Angola  Côte d’Ivoire  Kenya  Nepal  South Sudan
Anguilla  Democratic People's Republic of Korea  Kiribati  New Caledonia  Sri Lanka
Argentina  Democratic Republic of the Congo  Kuwait  Nicaragua  Sudan
Armenia  Lao People's Democratic Republic  Kyrgyzstan  Niger  Suriname
Azerbaijan  Latvia  Northern Mariana Islands  Swaziland
Bangladesh  Djibouti  Somalia  Tajikistan
Belarus  Dominican Republic  Botswana  Tanzania (United Republic of)
Belize  Ecuador  Brazil  Thailand
Benin  El Salvador  Benin  Timor-Leste
Bhutan  Equatorial Guinea  Bolivia (Plurinational State of)  Togo
Bosnia and Herzegovina  Ethiopia  Burundi  Tunisia
Botswana  Fiji  Brazil  Uganda
Brunei Darussalam  Gabon  Brunei Darussalam  Ukraine
Bulgaria  Georgia  Bulgaria  Uruguay
Burkina Faso  Ghana  Burkina Faso  Uzbekistan
Burundi  Greenland  Burundi  Vanuatu
Cabo Verde  Guam  Cabo Verde  Venezuela (Bolivarian Republic of)
Cambodia  Guatemala  Chad  Sao Tome and Principe  Republic of
Cameroon  Guinea  Chad  Senegal  Viet Nam
Central African Republic  Guinea-Bissau  China  Serbia  Yemen
China  Hong Kong SAR  China  Singapore  Zambia
China, Macao SAR  India  China  Somalia
Colombia  Indonesia  Colombia  Solomon Islands


Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above)  ☐ Yes  ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  ☐ Yes  ☐ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  ☐ Yes  ☐ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?  ☐ Yes  ☐ No

Have you ever had a positive TB skin test or IGRA blood test?  Yes _____ No ___
Have you ever received the BCG (bacille Calmette-Guerin) vaccination? Yes _____ No ___

Have you had an MMR or Chicken Pox vaccine in the past 6 weeks? Yes _____ No ___

**Do you have any allergies to latex or rubber products?** Yes _____ No ___

TB Symptom Check

In the last year have you had any of the following:

- [ ] Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- [ ] Coughing up blood (hemoptysis)
- [ ] Chest pain
- [ ] Loss of appetite
- [ ] Unexplained weight loss
- [ ] Night sweats
- [ ] Fever

Please read carefully

The T-Spot TB test is a blood test for tuberculosis (TB) screening, an alternative to the TB skin test. This TB test is performed using blood collection and is not affected by previous BCG vaccination. Also, there are no adverse effects for women who are pregnant since it is a blood draw and not an injection. Your TB test results will be available within 4 business days after the blood draw. The TB hold will be removed from your student account after reviewing the lab results and determining you do not have active TB. The TB blood test is not always conclusive and may require a follow-up chest x-ray at your own expense. The Student Health Center will contact you if a chest x-ray is required.

The cost of the T-Spot TB test administered by the Student Health Center is $75. The Student Health Center will file insurance claims directly with Blue Cross Blue Shield on behalf of those students who are covered by the plan. Students not covered by UT SHIP your student account will be charged $75 and should be paid along with other charges you may owe the University after registering for classes.

Consent for TB Screening

By signing below, you are giving your consent for the Student Health Center to administer the T-Spot TB test, acknowledging that you have read and understand the above information and consent to the test.

Signature: ______________________________________________ Date: __________________________

For Student Health Center Only

T-spot TB Blood Test- Standing Order: S. Naheed, MD

Date Collected: ____________________________ Time Collected: ____________________________

Phlebotomist/Nurse Signature: _______________________________________________________

Prepared originally by ACHA’s Tuberculosis Guidelines Task Force Revised by Emerging Public Health Threats and Emergency Response Coalition

NOTE: Any student submitting false or fraudulent information will be subject to disciplinary action. The University of Texas at Dallas Is an Equal Opportunity/ Affirmative Action University

Revised 06/28/2017