

# **GREAT PLAINS**

Technology Center

## **CONSENT FOR TEST**

I have been informed about the possibility of infection for HBV/HIV virus and the test for the antibodies. I give my consent to have a blood test for the antibodies. I understand that my test results shall be made available to the exposed employee who shall be informed of applicable laws and regulations concerning disclosure of my identity and infectious status.

---

***Signature***

---

***Date***

---

***Witness***

---

***Date***