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 or territory, 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  Kuwait  Sri Lanka
Argentina  Democratic Republic of the Congo  Kyrgyzstan  Nicaragua  Sudan
Armenia  Djibouti  Laos People's Democratic Republic  Niger  Suriname
Azerbaijan  Belarus  Latvia  Northern Mariana Islands  Syria
Bangladesh  Dominican Republic  Republic of Bangladesh  Tajikistan
Belarus  Ecuador  Lesotho  Pakistan  Tanzania (United
Benin  El Salvador  Liberia  Palau  Republic of Indonesia
Bhutan  Equatorial Guinea  Libya  Palau  Thailand
Bolivia (Plurinational State of)  Eritrea  Lithuania  Papua New Guinea  Timor-Leste
Bosnia and Herzegovina  Ethiopia  Madagascar  Paraguay  Togo
Botswana  Fiji  Malawi  Peru  Tunisia
Brazil  Gabon  Malaysia  Philippines  Turkmenistan
Brunei Darussalam  Gambia  Maldives  Portugal  Tuvalu
Bulgaria  Georgia  Mali  Qatar  Uganda
Burkina Faso  Ghana  Marshall Islands  Republic of Korea  Ukraine
Burundi  Greenland  Mauritania  Republic of Moldova  Uruguay
Cabo Verde  Guam  Mauritius  Romania  Uzbekistan
Cambodia  Guatemala  Mexico  Russian Federation  Vanuatu
Cameroon  Guinea  Micronesia (Federated States of)  Rwanda  Venezuela (Bolivarian
Central African Republic  Guinea-Bissau  States of)  Sao Tome and Principe  Republic of
Chad  Guyana  Mongolia  Senegal  Viet Nam
China  Haiti  Montenegro  Serbia  Yemen
China, Hong Kong SAR  Honduras  Morocco  Sierra Leone  Zambia
China, Macao SAR  India  Mozambique  Singapore  Zimbabwe
Colombia  Indonesia  Myanmar  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?

Have you ever had a positive TB skin test or IGRA blood test?  

☐ Yes  ☐ No
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 hold will be released by 8:00 a.m. the following day after the T-Spot (TB screening) test has been administered. At this time you will be able to register for classes. Results of the T-Spot test will be available 4 business days after the test is administered. 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: __________________________

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

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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 07/26/2018