

CONSENT AND RELEASE FOR CHRONIC HEPATITIS B SCREENING

I hereby consent to the drawing of a blood sample by volunteering phlebotomists and Uni-Lab on behalf of the Asian Liver Center at Stanford University (the "Asian Liver Center") to determine whether I am a chronic (life-long) hepatitis B carrier.

Procedure

One small tube of blood will be drawn from a vein in your arm. The blood will be tested for hepatitis B surface antigen (HbsAg), which will identify whether you are a life-long hepatitis B carrier.

The possible complications with blood drawing may include pain, bruising, fainting or blood clotting. Neither of these tests will detect recent infection with hepatitis B. As with all laboratory tests, rare results may be inaccurate.

Purposes of the Screening and Disclosure

The purpose of the testing is to determine your hepatitis B status. By signing this form, you are authorizing Uni-Lab to disclose the test results to Samuel So, MD, the Director of the Asian Liver Center, and the Asian Liver Center. Dr. So and the Asian Liver Center will notify you of the test results by United States Postal Service mail. In addition, any positive hepatitis B surface antigen test results will be reported to the Orange County Health Department in accordance with applicable law. Except as described above, any personal information gathered in the course of this blood drawing and screening will remain confidential to the extent permitted by law.

Cost and Follow-Up Treatment

**The hepatitis B surface antigen (HbsAg) test will be performed at no charge to you.

If the results of your blood test indicate a positive hepatitis B surface antigen and, therefore, that you may be at risk for developing liver cancer, cirrhosis or liver failure, you should contact your personal physician for follow-up. You are solely responsible for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance.

Voluntary Participation and Additional Information

The hepatitis B screening and this consent form are voluntary and for your own benefit.

You hereby release the Asian Liver Center and its affiliated entities and their respective officers, employees, successors and assigns from any liability arising from or in any way connected with this blood drawing for the tests indicated above. If you have additional questions, you can contact Dr. So at the Asian Liver Center at the address and phone number noted above.

Signature: _____ Date: _____

Screeener/Witness*: _____ Date: _____

**If a translator orally translates the form to the patient, the translator may serve as the witness*