

**EAST CAROLINA UNIVERSITY  
STUDENT HEALTH SERVICE**

**(Program Copy)**

**ACKNOWLEDGEMENT OF REVIEW**

**Consent for Post Blood and Other Potentially Infectious Materials Exposure Follow-up**

I have reviewed the Blood and Other Potentially Infectious Materials Exposure Protocol and the Post Exposure HIV Prophylaxis to Known HIV Positive Source Protocol with my supervisor prior to beginning my clinical experience.

Name: \_\_\_\_\_

Witness: \_\_\_\_\_

SS No.: \_\_\_\_\_

Date: \_\_\_\_\_