

Hepatitis B Vaccination Policy for Research Laboratories



Last Name: _____

First Name: _____

Date of Birth: ____ / ____ / ____

Department: _____

Position Title: _____

Work/Lab Phone: _____

Email: _____

Select which of the following human samples you will handle when working in a research laboratory:

- human blood, human blood components, and products made from human blood
- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Please Note: The Institutional Biosafety Committee (IBC) has established a requirement that all faculty, staff or students that work with any of the human materials indicated above or have a potential occupational exposure to hepatitis B virus (HBV) when conducting University research **must** complete the HBV vaccination series or provide proof of HBV vaccination before starting work. Any necessary HBV screening will be provided by the Center for Health and Well-Being Immunization Clinic. If an individual with potential for exposure decides to decline the vaccination due to personal or medical reasons (e.g. contraindication) they will not be approved to conduct research involving occupational exposure to HBV.

OPTION 1 – Consent and Request for Vaccination

- I have accurately indicated in this form the type of human samples I will handle for my research.
- I have read the CDC's hepatitis B vaccine information, which is available on the [CDC website](#) or at the Center for Health and Well-Being.
- I understand that if I have questions or concerns about the vaccination, or would like to discuss the risks or benefits of vaccination, I may contact Dr. Gary Ewing at (803) 737-7529.
- I understand that adults getting hepatitis B vaccine should get 3 doses, and that vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

Signature: _____

Date: _____

OPTION 2 – Vaccination History or Immune Status

- I have already received the hepatitis B vaccine series. Indicate the year: _____
- My positive blood titer (anti-HBs) was confirmed. Date (if known): _____

Signature: _____

Date: _____

OPTION 3 – Declination of Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____

Date: _____

Instructions to Request Vaccination (i.e. instructions if option 1 was completed in this form)

You **must** make an appointment with Center for Health and Well-Being Immunization Clinic to receive the hepatitis B vaccine. The immunization clinic can be reached at (803) 777-9511. Please bring any personal immunization records with you to your scheduled appointment.

Any faculty, staff or student with an occupational exposure and at risk of hepatitis B infection during the performance of their duties conducting University research will be offered the hepatitis B vaccine at no charge to the individual requesting vaccination. **It is the researcher's responsibility to complete all recommended vaccination doses. When the hepatitis B vaccination series has been provided, complete option 2 above.**

PLEASE NOTE- If you signed option 2 or 3 above:

**A copy of this completed form must be sent to Kelly Bergeron through campus mail:
USC Environmental Health and Safety
306 Benson School, Columbia, SC 29208
or faxed to Environmental Health and Safety at (803) 777-5275 (Attention: Kelly Bergeron)**

Center for Health and Well-Being Immunization Clinic:

Only hepatitis B vaccinations provided to research laboratory personnel using this form should be charged to the Department of Environmental Health and Safety's (EHS) fund code. The EHS Occupational Health Physician provided standing orders for researchers requiring vaccination.