

OKLAHOMA DEPARTMENT OF CORRECTIONS
FECAL OCCULT BLOOD TESTING EDUCATION/ACCEPTANCE/WAIVER

Facility _____ Date _____ Time _____

Fecal Occult Blood Testing (FOBT) is testing that is performed on samples of stool in order to detect occult blood (blood that is not visible to the naked eye). Fecal occult blood usually is a result of slow (often intermittent) bleeding from inside the upper or lower gastrointestinal tract. The slow bleed does not result in visible bright red blood. The blood is only found by testing the stool.

Benefits: A fecal occult blood test is done to detect a digestive system problem such as abnormal growths (polyps) or cancer in the colon or rectum.

Risks: Fecal Occult Blood Testing poses no risks.

Indicate below whether you accept or decline the Fecal Occult Blood Testing (FOBT).

ACCEPT:

I have had a chance to ask questions that were answered to my satisfaction regarding Fecal Occult Blood Testing. I understand the benefits and risks and accept the Fecal Occult Blood Testing. I have received three Fecal Occult Blood Test cards and have been instructed how to obtain the sample. I am aware that it is my responsibility to return the three cards to Medical within seven days.

If I do not return the three test cards within seven days, I certify that I am refusing to consent to: Fecal Occult Blood Testing (FOBT) at my own insistence and against the advice of the health care provider.

Inmate Signature

Date

Health care provider/RN/LPN

Date

DECLINE:

I have had a chance to ask questions that were answered to my satisfaction regarding Fecal Occult Blood Testing. I understand the benefits and risks of the Fecal Occult Blood Testing and decline the Fecal Occult Blood Testing at this time. I understand I may retract my decision and receive the fecal occult testing at a later date, although consequences due to the delay may result.

Inmate Signature

Date

Health care provider/RN/LPN

Date

If the inmate refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until inmate signs. If this occurs, the form should be filled out, signed by the QHCP, witnessed by facility personnel and the statement documented on the form, "SIGNATURE REFUSED"

Witness

Date

Inmate Name:
(Last, First)

ODOC Number: