



HIV Antibody and Hepatitis Testing Consent Form

Introduction

The acquired immunodeficiency syndrome is a serious disease which reduces the body's ability to fight certain tumors and infections. It is caused by a HUMAN IMMUNODEFICIENCY VIRUS (HIV) which infects certain cells in the body, including lymphocytes.

What is the test?

The test, done on a small sample of blood, which will be drawn from your arm, is used to detect antibodies to the virus. The test does not actually detect the virus itself. This antibody test is now widely used to screen blood donors.

What does a positive antibody test mean?

A positive test does not mean you have AIDS, nor can any blood test be used for this purpose. A positive test, means that you have been exposed to the virus and have developed antibodies. It is generally believed that a person with positive antibodies may transmit the infection to others. A negative test usually means no exposure, but, in some cases, infected individuals may have a "false negative" test.

This test can not be used to diagnose AIDS; nevertheless, in the event of a positive test result, it will be assumed that you are contagious, and you will be asked to stop donating blood, practice safe sex, inform sexual partners, notify your doctors and dentists so they can best care for you, and if you are female, to postpone pregnancy. Every effort will be made to ensure confidentiality, but the results will be entered on your medical record. Only appropriate personnel, who are involved with your care will have access to such results.

Upon your request, you may receive counselling and additional information regardless of your test results. I have read and understand this consent form. I have been given the opportunity to discuss the indications for the testing of my blood for HIV antibodies. I have had my questions answered satisfactorily regarding this matter. I hereby voluntarily consent to have this test performed and agree to pay for the cost of the test.

Patient's signature: _____ Witness signature: _____

Legal representative on behalf of patient unable to consent:

Signature: _____ Witness signature: _____

Relationship to patient (i.e parent, guardian): _____ Date: _____

Code #: _____