

HIV CONSENT FORM

By signing below, I am giving informed consent for the HIV (Human Immunodeficiency Virus) test based on a full explanation of the test and its ramifications, including the following:

1. Informed consent is required to determine the presence or absence of antibody to or other evidence of HIV*.
2. The tests for HIV are **VOLUNTARY**.
3. The HIV Antibody (841) test is not diagnostic for AIDS. Although most patients with AIDS or the AIDS-Related Complex have antibody to HIV, absence of the antibody does not rule out infection with HIV.
4. Persons with the antibody may not have AIDS. Repeatedly reactive antibody screening tests, when not confirmed by Western Blot, may be evidence of prior exposure to the HIV virus or could be false positive tests due to the limitations of the screening procedure.
5. To ensure confidentiality a code may be assigned by your physician to be used as identification in the laboratory. If a code is used, the insurance carrier will not be billed and payment for the test is made to the laboratory at the time sample is collected.

Patient Signature

Date

*Other tests for HIV which require a consent form:

HIV p24 Antigen (838)

HIV Western Blot (840)

HIV Culture (837)

HIV DNA by PCR (765)

A consent form is not needed for HTLV-I (455), which is a completely different virus associated with a form of leukemia.

To be filled out by Physician or his/her office staff:

Patient Name _____

Identification Code _____

KEEP THIS TOP PORTION IN PATIENT'S CHART

SUBMIT THIS BOTTOM PORTION WITH TEST REQUISITION

(Physician Name/Other authorized person) _____ confirms that the patient has given informed consent for the HIV test(s) requested.

Identification code assigned by physician to patient: _____

NOTE: If a code is used, the insurance carrier will not be billed and payment for the test is made to the laboratory at the time sample is collected.

If no identification code is assigned, by signing here, the patient acknowledges that he/she has been given the option of having this code and declines.

Patient Signature

Date