



Dedicated to Women
OB-GYN

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CONSENT FORM FOR SPECIMEN COLLECTIONS FOR THE PURPOSE OF HIV ANTIBODY TESTING

I have read and understand the HIV Antibody Test Information Sheet (initial here) _____.

Regarding the HIV Antibody Test, I understand:

- The meaning and limitation of the test.
- The Department of Health recommendations to reduce the risk of contracting or transmitting HIV.
- That the test is not a diagnostic test for AIDS.
- That my test results might cause me to experience psychological distress.
- That there are medicines available that can help prevent passing HIV to my baby should I have HIV.
- That the test results will appear on my chart.

All questions I have regarding the HIV Antibody Test, and my receiving of the test, have been answered to my satisfaction.

_____ I decline to have a blood sample taken for the purpose of HIV Antibody Testing.

_____ I consent to HIV Antibody Testing acknowledging that the test is voluntary and that my consent may be withdrawn prior to the taking of the blood specimen.

I sign this consent form unaltered.

Patient (or Guardian) Signature _____ Date _____

Witness Signature _____

HIV Antibody Test ordered by and informed consent received by _____, MD.