

CONSENT FOR HIV TESTING

BACKGROUND INFORMATION

The acquired immune deficiency syndrome (AIDS) is a viral illness that is spread by contact with the blood or body fluids of an infected person.

As part of your treatment and/or care it may be requested that you be tested to determine if you have had previous contact with the AIDS virus. This might be done as part of a diagnostic work-up or for hospital epidemiological (infection control) reasons.

The test for AIDS is done on a blood specimen which will be drawn along with blood for other tests. The test sometimes gives a false positive result (the test is positive without the AIDS virus being present). Therefore, a confirmatory test is done on all positive results.

It is possible in the very early stage of the illness (the first few weeks after contact with an infected person) that the test could be negative even though active infection is present. Especially for individuals in high risk groups or for their intimate contacts, a single negative test cannot establish with certainty that infection is not present.

CONSENT

1. I have had the opportunity to ask questions concerning this blood test and understand that I will be given counseling concerning the meaning of the test results and its implication. If my blood is found to be positive, I will be notified and provided information regarding follow-up.
2. I understand that my test result will be kept confidential to the full extent required by law. I understand that particular care is being taken to maintain my records in a secure manner.
3. In consenting to this test, I have read and I understand this information.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

WITNESS: _____

PARENT/GUARDIAN: _____