

Consent Form  
HIV Testing

I am consenting my blood to be tested for antibodies to Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by with drawing blood and using a substance to test the blood. This blood test is not for AIDS but for the antibodies to HIV. Being infected with HIV does not mean that I will have AIDS or other related illnesses. Other factors must be reviewed to determine whether I have AIDS.

I understand that before I decide to take this test I should be sure that I had the chance to ask my doctor any question I may have about this test, its meaning, its risks and benefits, and alternatives to the test.

By my signature below, I acknowledge that I have been given information concerning the benefits and risks and I consent that my blood be drawn and tested for antibodies to HIV.

Authorization:

I give my permission to have the results of my HIV antibody test reported to my physician, Dr. Stephanie Mandelman who ordered the test and will inform me of my results.

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Patient Signature

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Date

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Print Name