

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.

Patient Signature

Date

Print Name