

# HIV Antibody Test Consent Form



## Preferred Women's Healthcare

Patient Name: \_\_\_\_\_ Account# \_\_\_\_\_

### INFORMATION ABOUT THE TEST:

The HIV (Human Immunodeficiency Virus) antibody test is not always accurate. The test may result in a "false negative" by failing to detect antibodies to the virus, which are in the blood. The test may also result in a "false positive" by indicating that there are antibodies, which are not really in the blood.

For our pregnant patients, we recommend HIV testing for the AIDS (Acquired Immune Deficiency Syndrome) virus along with other prenatal screenings. Testing during early pregnancy can detect the presence or absence of the AIDS virus. If the test is positive, treatment can begin during pregnancy, and you will be counseled on the effects of AIDS on yourself and your unborn baby. Breastfeeding is not advised if you test positive for AIDS as it can pass the virus on to your infant.

### CONSENT:

My signature below acknowledges that:

1. I have read or someone has read to me this consent form and I understand it completely.
2. All my questions regarding HIV antibody test have been answered.
3. I have received an information pamphlet and have been advised that further information and counseling is available should I request it.

\_\_\_\_\_ I wish to be tested for HIV Antibodies

\_\_\_\_\_ I do not wish to be tested for HIV Antibodies

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_