

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST

CONSENT FORM (SEROLOGY)

This is not a test for AIDS. This is a test for antibodies to the virus named HIV. A counselor has told me what a negative or positive test result means. On my return visit, a counselor will explain my test results to me.

I understand that knowing my HIV result is important to my health. I understand that if I test confidentially at this clinic, I will sign my name, address and phone number on this form. This is the best way for me to enter into treatment and to learn of other available services. It is also a way for someone to reach me if I cannot return for my test results.

An anonymous test means that I do not use my real name or address, but it also means that no one will be able to reach me if I cannot return for my results. In addition, no one can reach me if I am in need of other services.

However I choose to test, I will get a code number. This number will be on the consent form, lab slip and specimen tube. The lab slip and specimen tube will be sent to the State laboratory where the test will be done. My code number, not my name, will be on the lab slip and the specimen tube. All records are kept under lock and key.

Should I test positive this information will be reported to the New Jersey Department of Health as required by law. Any other release of this information will require my written consent or a court order or subpoena. I have read or someone has read this form to me. All of my questions have been answered. If I want to test confidentially, I will sign my name, address and phone number. If I want to test anonymously, I will sign John/Jane Doe.

(Signature of Witness)

(Signature of Client)

(Code Number)

(Street Address)

(Date)

(City and State)

(Phone Number)