

Associated Women's Healthcare, LLP

Obstetrics, Gynecology & Infertility

CONSENT FOR THE ANTI-HIV BLOOD TEST

I have been informed that my blood will be tested in order to detect whether or not it contains antibodies to the human immunodeficiency virus (HIV) which is the probable causative agent of acquired immune deficiency syndrome (AIDS). I understand that the test is performed by drawing blood from my arm and processing the resulting specimen utilizing ELISA and Western Blot laboratory technologies.

I have been informed that the ELISA test being utilized produces three (3) false positives (indicates presence of anti-HIV when it is not present) test results in every ten thousand (10,000) specimen processed, regardless of populations tested. I have also been informed that the test will be repeated, if positive, and a secondary level test (Western Blot) will also be performed. The combination of these tests reduces the possibility of a false positive to a very small fraction per ten thousand (10,000) tests processed.

I have been informed that the ELISA test also fails to detect anti-HIV in rare instances and for a period of time immediately after infection with the virus. I have been offered re-testing if it is suspected that this has occurred.

I have been informed that if I have questions regarding the nature of the blood test, the expected benefits, the risks, and alternative tests, I may ask those questions before I decide to consent to the blood tests.

By my signature below, I acknowledge that I have been given all the information I have requested concerning the blood test. Therefore, I acknowledge that I have given consent for the performance of a blood test to detect antibodies to HIV.

PRINT name of patient or guardian

Signature of patient or guardian

Witness

Date

hivconsent

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