

CONSENT FORM FOR HIV TESTING & PRE-TEST COUNSELLING
(Form 10)

VIAL ID:

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Date

20	09	2022
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PATIENT INFORMATION

Name: Kalpana Sagore

Age: 49 / F

Gender

☐ Male

☒ Female

☐ Others

Physician Name: Dr. Amit Dhawar

Reporting Centre: _____

Mobile: 8766003277

Telephone: _____

Address: Mittra Nagar, Dr. Babasaheb Ambedkar College
Chandrapur.

CONSENT:

I, the undersigned provide my consent* to get my blood tested for HIV. The significance, relevant information & Pre-test counselling has been provided to me. Post-test counselling shall be done by the Lab on prior appointment or I can choose to be counselled by my referring doctor.

HIV reports available on LPL website can be accessed with patient specific user ID & password only

I understand that my result shall be kept confidential. I authorize the following person / agency to collect the report on my behalf.

☐ Self

☒ Ref. Doctor

☐ Ref. Agency

☐ Next of kin

Name Kalpana Sagore

Signature of Patient Kalpana Sagore

Signature of Counselor Dr. Amit Dhawar

*In case of minors, consent form to be signed by either of the Parents / Legal Guardian

*In adoption cases, consent form to be signed by Orphanage / NGO / Adopting Parents

*In case of incapacitated or hospitalized patients, consent to be signed by next of kin or doctor

GENERAL INFORMATION ON HIV

AIDS (Acquired Immune Deficiency Syndrome) is caused by infection with HIV / Human Immunodeficiency virus HIV-1 or HIV-2. Initial primary infection over a period of time becomes chronic & persistent and may lead to advanced HIV disease if untreated.

Modes of transmission:

- Sexual contact - Heterosexual or Homosexual
- Transfusion of contaminated blood / blood products
- Sharing of contaminated needles & syringes among injection drug users
- Intrapartum / Perinatally from mother to infant
- Transmission from lactating mother to infant via breast milk
- Transmission from HIV infected specimens to Health care / Laboratory workers (Occupational risk)

HIV cannot be transmitted by:

- Casual or family contact
- Insects like mosquitoes
- Holding hands
- Sharing drinking or eating utensils
- Toilet seats
- Living in a house with HIV infected person

Diagnosis:

Laboratory diagnosis of HIV infection depends on demonstration of Anti-HIV antibodies and / or detection of the virus.

Tests for diagnosing HIV:

1. HIV screening tests -EIA /Rapid Immunochromatography / CMIA / eCLIA
2. Western blot test
3. p24 antigen test

Tests for monitoring HIV:

1. HIV RNA test
2. CD4+ T cell count

Window period:

Antibodies to HIV begin to appear after 2 weeks of infection but detectable antibodies appear within 3 months of exposure to the virus. This interval between exposure to the virus and appearance of detectable antibodies is called the window period.

Results:

All positive results are retested by 3 different methods using different antigens or different principles.

Reference: Harrison's Manual of Medicine, 19th Edition, 2016.