

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

Lab No:

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Date

DD	MM	YYYY
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26/4/2023

PATIENT INFORMATION

Name: Mr. Abid Han Saay Age: 26 y/m

Physician Name: _____

Reporting Centre: _____

Mobile: 93 89 16417

Telephone: _____

Address: 9803164817

Gender

☒ Male☐ Female☐ Others

Mohinpura Han Son Nagar. Nagpur.

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

Abid. Han Saay

Signature of Patient

Abid.

Signature of Counselor

[Signature]

*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



भारत

GOVERNMENT OF INDIA



आबीद अहमद सादिक अहमद अहमद

Abid Ahemad Sadik Ahemad Ahemad

वडील : सादिक अहमद अहमद

Father : Sadik Ahemad Ahemad

जन्म वर्ष / Year of Birth : 1997

पुरुष / Male

4736 9843 0073

आधार — सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता S/O सादिक अहमद अंसारी,
हाफिज बेकरी के पास, प्लॉट नं ६३०
अन्सार नगर मोमीनपुरा, महात्मा फुले
बझार स.ओ, नागपूर, महाराष्ट्र, 440018

Address: S/O Sadik Ahemad
Ansari, NEAER HAFIJ BEKRI,
PLOT NO 630 ANSAR NAGAR
MOMINPURA, Mahatma Fule
Bazar S.O, Nagpur, Maharashtra,
440018



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1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

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