

CONSENT FORM FOR HIV TESTING & PRE-TEST COUNSELLING  
(Form 10)Lab No: Date  DD  MM  YYYY

## PATIENT INFORMATION

Name: Mr. Abid Hansamy Age: 26 y/m

Physician Name: \_\_\_\_\_

Mobile: 93 0 316477 Reporting Centre: \_\_\_\_\_

Address: 93 0 3164817 Telephone: \_\_\_\_\_

26/4/2023

Gender

 Male Female Others

## 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. Hansamy

Signature of Patient

Abid.

Signature of Counselor

PMTS 8112

\*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



आबीद अहमद सादिक अहमद अहमद

Abid Ahmed Sadik Ahmed A.

वादीन : सादिक अहमद अहमद

Father : Sadik Ahmed A.

जन्म वर्ष / Year of Birth : 199

पुरुष / Male



4736 9843 0073

आधार – सामान्य माणसाचा अधिकार



मार्तीय विजिएट औद्योग प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता S/O सादिक अहमद अंसारी,  
हाफिज बेकरी के पास, प्लोट नं ६३०  
अन्नार नगर मोमीनपुरा, महात्मा फुले  
बजार स.ओ, नागपूर, महाराष्ट्र, 440018

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