

Human Immunodeficiency Virus (HIV) Antibody/Antigen Test

CONSENT FORM HIV Ag/Ab Combo HIV Test

The HIV Ag/Ab combo assay is a test for detection of human immunodeficiency virus (HIV). This test looks for both HIV antigens and antibodies that may have developed due to infection with HIV.

I understand a Combo Test will be performed which will use a specimen from a drop of blood from my finger which may be followed by a second test, done from a drop of blood from my finger to confirm an antibody positive test result on the combo test. If there is an antigen positive result on the combo test the confirmation test will use a specimen of blood drawn from my arm.

I understand I will receive a test result today.

If I receive a Negative Test result it means that it is extremely unlikely I am infected with HIV.

If I receive a Preliminary Positive test result, it means there is a very good possibility that I am infected with HIV. It also means I would need additional blood tests to confirm the HIV positive result. If a drop of blood is taken from my finger to perform a second rapid test for antibodies to the HIV viral proteins, I will receive the results in about 20 minutes. This is the best way of making sure the information given to me is accurate. If blood is drawn from my arm to confirm the antigen positive result I will not receive the results for a few days and will be referred to a physician.

I understand I will test confidentially, which means I will sign my name and provide my address and telephone number on this form. This is the best way for me to enter a treatment program, if necessary, and to learn of other services.

A coded number will be assigned and used to identify me. The coded number will be placed on this consent form and on all the testing materials. If a confirmatory test is necessary the same coded number will be placed on the tube of blood. All records in this testing program are maintained as confidential and kept under lock and key.

I understand that if I receive a second positive test result, it will be reported to the New Jersey State Department of Health as required by law. Any other release of this information will require my written consent, a court order, or a subpoena.

I have read or someone has read this form to me. A counselor has answered all of my questions and I have decided to test for HIV. I will give my permission to test by signing the form below.

(Signature of Witness)

(Signature of Client or Guardian)

(Coded Number)

(Client's Street Address)

(Date)

(City, State and Zip Code)

(Telephone Number)