

Consent Form – Hepatitis B and C testing

There are a group of diseases called “blood borne viruses”. They can be transmitted from human to human by unprotected sexual contact, contaminated blood transfusions, intravenous drug use, accidental needle stick injury and an infected mother to her unborn baby. People infected with these viruses may appear healthy, but can still pass the disease to others since many people may carry the virus before becoming sick.

Because of the significant health risk associated with Hepatitis B and Hepatitis C, Blue Horizon international routinely performs blood tests for antigens and antibodies to these viruses.

Hepatitis B: This virus may cause acute and/or chronic inflammation of the liver. It may lead to serious illness or death from cirrhosis or liver cancer. This disease may be eliminated or controlled with anti-viral drugs. There is an effective vaccine available.

Hepatitis C: This virus causes chronic inflammation of the liver and may lead to serious illness or death from live failure. There is no vaccine available; however this disease may response to anti-viral drugs.

What if I have a positive test? In the event of a positive test result, a staff member will meet with you and discuss the current test results and confirmation testing options for test clarification. We will also assist you in scheduling a follow up appointment with a primary care physician for further education and to discuss potential treatment options. Every effort will be made to ensure confidentiality.

Upon your request, you may receive counseling and additional information regardless of your test results.

I declare that I consent to samples of blood being taken and sent for testing of:

Hepatitis B: _____ (YES/NO) Hepatitis C: _____ (YES/NO)

I have read and understood the information above.

PATIENT: _____ Date: ____/____/____ WITNESS: _____
(Signature) (Signature)

Legal representative on behalf of patient unable to consent: _____
(Signature)

Relationship to patient _____ Date: ____/____/____ WITNESS: _____
(Signature)

Consent Form – HIV Antibody Testing

The acquired immunodeficiency syndrome (AIDS) is a serious disease which reduces the body's ability to fight certain tumors and infections. It is caused by a Human Immunodeficiency Virus (HIV) which infects certain cells in the body, including lymphocytes.

What is the best test? The test, performed on a small sample of blood which will be drawn from your arm, is used to detect antibodies to the virus. The test does not actually detect the virus itself. This antibody test is now widely used to screen blood donors.

What does a positive antibody test mean? A positive test does not mean you have AIDS, nor can any blood test be used for this purpose. A positive test means that you have been exposed to the HIV virus and have developed antibodies. It is generally believed that a person with positive test may be able to transmit the infection to others.

A negative test usually means no exposure but, in some cases, infected individuals may have a "false negative" test, meaning the test result is negative but one still has antibodies to HIV.

"What if I have a positive test?" This test cannot be used to diagnose AIDS; nevertheless, in the event of a positive test result it will be assumed that you are contagious. A staff member will meet with you and discuss the current test results and confirmation testing options for test clarification. We will also assist you in scheduling a follow up appointment with a primary care physician for further education and to discuss potential treatment options. Every effort will be made to ensure confidentiality.

Upon your request, you may receive counseling and additional information regardless of your test results.

I have read and understand this consent form. I have been given the opportunity to discuss the indications for the testing of my blood for HIV antibodies. I have had my questions answered satisfactorily regarding this matter. I hereby voluntarily consent to have this test performed.

I have read and understood the information above.

PATIENT: _____ Date: ___/___/___ WITNESS: _____
(Signature) (Signature)

Legal representative on behalf of patient unable to consent: _____
(Signature)

Relationship to patient _____ Date: ___/___/___ WITNESS: _____
(Signature)

Consent Form – Syphilis testing

I understand that my licensed health care provider has requested that a sample of my blood be obtained to test for syphilis. I understand that the possibility exists for a false positive or negative syphilis result on initial testing. I understand that an initial positive syphilis result will be confirmed by an alternative method of testing.

“What if I have a positive test?” A staff member will meet with you and discuss the current test results and confirmation testing options for test clarification. We will also assist you in scheduling a follow up appointment with a primary care physician for further education and to discuss potential treatment options. Every effort will be made to ensure confidentiality.

Upon your request, you may receive counseling and additional information regardless of your test results.

I have read and understand this consent form. I have been given the opportunity to discuss the indications for the testing of my blood for Syphilis. I have had my questions answered satisfactorily regarding this matter.

I hereby voluntarily consent to have this test performed and understand that I do not have to agree to the syphilis tests and may refuse to have the test performed.

I have read and understood the information above.

PATIENT: _____ Date: ___/___/___ WITNESS: _____
(Signature) (Signature)

Legal representative on behalf of patient unable to consent: _____
(Signature)

Relationship to patient _____ Date: ___/___/___ WITNESS: _____
(Signature)