

Pacific In Vitro Fertilization Institute

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HIV Consent Form

By signing below, I am giving informed consent for the HIV (Human Immunodeficiency Virus) test to be performed for screening for an in vitro fertilization cycle. I have read and understand the following:

1. Informed consent is required to determine the presence or absence of antibody to or other evidence of HIV.
2. The tests for HIV are part of our standard protocol.
3. The HIV Antibody (841) test is not diagnostic for AIDS. Although most patients with AIDS or the AIDS-Related Complex have antibody to HIV, absence of the antibody does not rule out infection with HIV.
4. Persons with the antibody may not have AIDS. Repeatedly reactive antibody screening tests, when not confirmed by Western Blot, may be evidence of prior exposure to the HIV virus or could be false positive tests due to the limitations of the screening procedure.
5. To ensure confidentiality a code may be assigned by your physician to be used as identification in the laboratory. If a code is used, the insurance carrier will not be billed.
6. Payment for the test is made to the laboratory at the time sample is collected. The insurance carrier will not be billed.

PATIENT NAME: _____ **BIRTHDATE:** _____

SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____