



HIV (Human Immunodeficiency Virus) Antibodies Test Consent

By signing this consent form, I agree to allow Northwest Kidney Center (NKC) staff to draw a blood specimen by veni-puncture or by obtaining a sample of my blood from the blood line during the dialysis treatment. My blood will be tested to see whether I have antibodies to the *human immunodeficiency virus* (HIV). HIV is the virus that may lead to developing *acquired immune deficiency syndrome* (AIDS). I understand that my test results become part of my medical record. The test results will only be known to others as allowed by law.

1. **Test accuracy** – I understand that blood tests for HIV antibodies are not always 100% correct.

I understand that a positive test result:

- Does not always mean that I have AIDS or will develop AIDS.
- Means I need more testing on my blood specimen and/or obtaining of additional blood samples to make sure of the test results.
- May show that I am infected with the HIV virus. If further testing is positive, I know I could infect other people. This could happen through contact with my blood and body fluids (such as through sexual contact).

I have been told and understand that there is a delay time between when a person is exposed to the virus and when HIV antibodies first appear in the blood. As a result, I know that a negative test does not always mean that I have not been exposed to, or been infected by, the HIV virus.

2. **Finding out whether or not I am HIV positive** – I understand that testing would resolve any question I have about being HIV positive. I will learn about a very important medical condition. If I find out I am infected I can:

- Get added counseling and information about HIV and AIDS from my doctor.
- Take steps to keep from spreading the virus to others.
- Be ready to use any HIV treatments that become available.
- Tell my sexual partner, who also may want to be tested.

If I find out I am not infected I can:

- Be reassured that I am not infected with HIV.
- Take steps to prevent becoming infected with HIV.

The problem with testing is that I may feel short or long-term emotional distress, mainly if the test is positive.

3. **Consent** – Mark a choice below:

I have read and understand the above information. I have read the Information Sheet about HIV and received personal counseling. I was given the chance to ask questions, and my questions were answered. I was informed of the benefits and problems of HIV testing. Based on the above information, I authorize the Northwest Kidney Centers to draw a blood sample by veni-puncture or obtain a blood specimen from the blood lines during dialysis and test that sample for HIV antibodies.

I choose not to learn the important information about HIV testing. I authorize the Northwest Kidney Centers to draw a blood sample by veni-puncture or obtain a blood specimen from the blood lines during dialysis and test that sample for HIV antibodies.

I choose not to have my blood tested.

Signed:

Patient/ Employee Name (printed)

Signature of person being tested:

Date

- Patient
- Legal Guardian/ Personal representative*
- Power of attorney*
- Employee

Witness (required

Date

(* If this form is signed by someone other than the patient or employee, two witnesses are required.)

Witness (required

Date

- Translator (if used)
- Reader (if used)