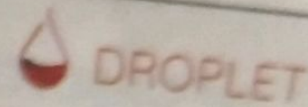


CONSENT FOR HIV TESTING

2266034

49915



PATIENT NAME: Ms. Hema

AGE: 23

GENDER: Female

I have been offered the blood test for detection of HIV antibodies. HIV is causative agent of AIDS.

I have read the information given above about HIV. I also state that my physician has counselled me about the HIV test to be conducted on me. I have been explained about the implications of the result positive and negative. All the details pertaining to HIV transmission, disease and testing procedure has been explained to me. Its limitations and interpretations has been explained to me in a manner in which I understand. I understand that these test results will be part of my medical record and will be released if i will sign an authorisation for release of medical information. I, hereby, give my consent for the test to be performed on me to ascertain my HIV status.

SIGNATURE: _____

A handwritten signature in blue ink, appearing to be "Hema".

DATE: _____

23/12/2020

