



Reference Laboratory  
28-29, Sector 18 (P)  
Gurgaon - 122015

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## CONSENT FORM

### Informed Consent to Perform HIV Testing

My health care provider has answered any questions I have about HIV/AIDS. I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
- Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

I agree to be tested for HIV infection. If the results show I have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time. If I test positive for HIV infection, I understand that my health care provider will talk with me about telling my sex or needle-sharing partners of possible exposure.

I may revoke my consent orally or in writing at any time. As long as this consent is in force, my provider may conduct additional tests without asking me to sign another consent form. In those cases, my provider will tell me if other HIV tests will be performed and will note this in my medical record.

Patient Name: SAMITI

Date: 4/8/11

Signature or Thumb impression: *Samiti*

Patient or person authorized to consent

Consent taken by Consulting Physician

Name: SANDEEP

Signature: *Sandeep*

Indication: PRE NANTAL CHECK UP

Date: 4/8/11



20/7/21

Dr. Seema Sehgal

MBBS, MS, FIAMS, FICOG, PGDHA

Director & Head

It's My Baby IVF Centre and MKW Hospital

SPECIALIST in:

Lap Surgery, High Risk Pregnancy, Infertility

DMC Rege. No. 11010

For Appointments:

Timings : 5.30 pm to 8.30 pm

Clinic : 9999595775, 011-25107384

Timings : 10.30 am to 12.00 Noon

Hospital : 9999595730

9354697171

Mrs Sawiti

994

LO  
BP 120/80

LMP- 17/9/21

EOD- 30/11/21

by USG 3/12/21

(20 weeks)

- cap Evion- LC OD

- cap Oxipix OD

x 1alt

- Rariset

- calcium BD

- D-gain 600/only

- Tab VH-3 vag HS  
x 3 days

Seema

Gynae, Surgery & Infertility Clinic

Clinic : C-6, Rajouri Garden, New Delhi-110027

Resi : C-5, Rajouri Garden, New Delhi-110027

Email : sehgalseema27@gmail.com

Timings : Morning : 9.30 to 12.30 MKW Hospital  
Evening : 6.00 to 8.00

By Appointment

Sr. Consultant & HOD - MKW Hospital, J-Block Community Center,  
Rajouri Garden, New Delhi PH.: 011-45609999

Visiting Consultant : ★ BL Kapur Hospital, Pusa Road ★ Apollo Cradle

In case of Emergency Call MKW Hospital  
011-45609999 9999999999 9999999999

42/12/21

20/7 USG  
20+ weeks  
TTC 34784

- S. Ferritin 6.8
- Hb 11.0
- FBS 74

ANC card

③  
16/8/21

(24 weeks)

60  
80 · 128/80

- CBC
  - GCT
  - Urine
  - TSH
  - HIV
  - ~~MSA~~
  - ~~CA~~
  - ~~CA~~
- SGOT
  - SAPT

- Cap & - car od
- x 1 with
- TCA 3 uls
- DFMC

Jeema