



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, dental 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 the future 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: MR. RAM AVTAR

Date: 8-09-21

Signature or Thumb impression:

Patient or person authorized to consent

Consent taken by Consulting Physician

Name: DR. KARTAVYA

Signature:

Indication: Wt & weight loss

Date: 8-09-21

FAMILY HEALTH POINT
DR. KARTAVYA SHAH (MBBS, DNB)
FAMILY PHYSICIAN
DMC - 18041

Name Mr. RAMAVTAR
Age / Sex 57 / M
Date 8/09/21

DR. KARTAVYA SHAH
MBBS, DNB
Family Physician

40. Cough dry in nature since July 2021
• loss of appetite & 2 months
• wt. loss
• fever Evening rise

DR. RAJIV RANJAN KUMAR
MBBS, MD, DM
RHEUMATOLOGY (PGIMER)
(Arthritis & Autoimmune
Diseases Expert)

Reports : X-ray Chest Q. (R) Pleural Effusion
Hb - 12.2 Wc - 5.9 Pz2 L24 ESR - 30
Pneumonia → 4x6 Abq.

DR. NAVEEN CHAWLA
MBBS, DNB
FAMILY PHYSICIAN

DR. YOVIKA YADAV
MBBS, DNB
(Obstetrician & Gynecologist)
Infertility Specialist &
Laparoscopic Surgeon

Wt. 62 kg
BP - 114/70
SpO2 97% on RA

Asst.
- Pleural fluid aspiration
- Usb guided
- Send pleural fluid for
- Cell count / differential
- ~~Factor~~ ADA
- ~~Gene~~ Gene Expert

DR. G.S. GOEL
MBBS, DNB
Orthopaedician

Chest - L & R
(R) Side

MR. KAPIL SHAH
Optometrist
Eye Care Opticals

HIV I - II

NOT FOR MEDICO LEGAL PURPOSE