

### **INFORMED CONSENT FORM FOR HIV TEST**

1. I have been informed about HIV infection. Now I am aware about the possible outcomes of the test and the significance. I have been informed about the limitations of the test.
2. I am aware that this test cannot be imposed on me under any circumstances without my prior permission. I understand that I have the right to refuse this test.
3. This is being done for purely medical reasons and not any medico-legal complications.
4. I am hereby giving permission to obtain the blood for HIV testing, performing the tests, generating the result, and transmission of the results.

#### **Instructions to the Patients:**

1. For HIV testing above consent form is mandate.
2. In case of minor or unconscious, the consent form shall be acquired from Clinicians/ parents/ guardian.
3. In cases of occupational exposure (needle stick injury etc.) of health care worker, even if the source patient has refused for HIV counseling and testing, it is the right of the exposed person to ask that blood to be taken for testing and the source patient may decline to be informed of the result.

I, hereby read and confirm the above instruction and ready to agree the above terms