



**— Informed Consent for HIV (Human Immunodeficiency Virus) —
Antibody Testing and Information Release**

Explanation

This document is an informed consent for testing for antibodies to the Human Immunodeficiency Virus (HIV)

Testing Procedure

The test is performed by the drawing of a blood sample and conducting laboratory tests to determine the presence of antibodies to HIV. The test does not indicate the presence of AIDS (Acquired Immunodeficiency Syndrome) but exposure to the HIV virus. HIV exposure would modify the treatment approach by the Advanced Reproductive Center.

Reason for Testing

It is recommended by the CDC (Center for Disease Control) and the ASRM (American Society of Reproductive Medicine) that all patients and partners be tested for HIV prior to any and all treatment that would present with bodily fluids.

Result Reporting

Test results will be released only to the Advanced Reproductive Center and the Illinois Department of Public Health (if positive). Under the law in the State of Illinois, test results may only be made to specific persons such as physicians and healthcare providers in the use of any donated organs or tissue, the Illinois Department of Public Health, healthcare facility staff committees and research studies (anonymously) and to healthcare providers that may have accidental contact with skin, membrane or body fluids that have the capability of transmitting HIV.

False Positive and Negative Results

Under certain circumstances false positive (the presence of HIV antibodies) or false negatives (no HIV antibodies present) have been reported. Further testing may be necessary to determine the accuracy of results.

Confidentiality

All reasonable efforts will be made to keep information obtained confidential to the extent provided by the law. Reporting of positive test results to the Illinois Department of Public Health is required.

Waiver of Confidentiality

A waiver of confidentiality may be necessary to obtain financial and/or medical benefits from insurance companies, Public Aid, etc. This means that information regarding this test, including the results, will be disclosed to third party payers.

Decline Testing

Patients may decline consent or withdraw their consent anytime prior to the completion of the laboratory test. However, HIV testing would need to be completed by the patient and partner prior to any procedures being performed.

Consent

I have been advised by my/our physician as to the nature and limitations of the HIV antibody test, and the confidentiality protections surrounding this testing.

Patient Printed Name

Patient Signature

Date