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Consent for Human Immunodeficiency Virus Testing (HIV)

Tests for HIV detect antibodies to the virus that are in the blood. Antibodies are proteins produced in response to a foreign body such as a virus. Testing is done by a test called ELISA. If this first test is positive, it is repeated. If the second ELISA is also positive, another test, called a western blot, is done to confirm results. The same blood sample may be used for all three tests, or you may be called in to give another sample.

There is a time lag between when a person is infected with the virus and when the tests for HIV become positive (that is, when antibodies to the virus can be detected in the blood). In most cases, antibodies show up in the test within 6-12 weeks, but sometimes it takes longer. This means that if you were recently infected with HIV (typically, less than 6months), the results may be negative, even though you are really infected. For this reason, you may need to be tested more than once. You may also need to be retested if you continue to be at risk for getting the virus.

Positive results (repeated and confirmed) means that you are infected and can pass the virus onto others, even though you may have no signs of illness. You will need to get special health care and take steps to avoid passing the virus to others. Negative results mean the antibodies were not found in your blood. There is a slight chance, though, that the results are falsely negative and that you are really infected with the virus. Even if your tests results are negative, you still need to protect yourself by changing any behavior that places you at risk.

Please check below:

- By checking here, I indicate that I have **read and understand** the above information.
- I request (consent to)** a blood test for (HIV), the virus responsible for AIDS. I understand that the lab that performs this test will send the results to my doctor and that I must return in person to this office to obtain the results, whether they are positive or negative. The results **cannot** be given over the phone under any circumstances.
- I hereby **refuse** of the testing for HIV
- I give permission** for these results to be included with copies of my medical records that may, in the future, be sent from this office.
- I do not** wish for these results to be included with copies of my medical records that may, in the future, be sent from this office.

Patients Name

Patients Signature

Witness

Date

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9595 N Kendall Dr. Suite 103 Miami, FL 33176
Ph# (305) 279-8222 Fax# (305) 270-9030



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