**DOCUMENTATION OF VERBAL CONSENT FOR BLOOD DRAW AND HIV TESTING**

To Whom It May Concern:

I have obtained verbal consent from the patient listed below, or from his parents or legal guardian to draw and test their blood for HIV. Results of this test will be made available to their medical provider who will provide medical follow up as indicated.

SOURCE PATIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee obtaining verbal consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Consent Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_