

The test result will be disclosed to you in person. We will not give out HIV test results on telephone or Email.

### SUBJECTS DECLARATION AND CONSENT

I, Pournima Kiran Taware, (the Patient) or representative of patient  
(please tick the correct option above and below)

- read
- Been explained this consent form in Hindi (name of language) which I fully understand,

and understood all details of HIV testing including what the result means, and the benefits and risks of being tested. I have understood Points 1-5 of this consent form and have been given an opportunity to ask questions. I have been given Pre-test counseling and I hereby give my voluntary consent for the HIV test to be conducted on my/ my patient's sample submitted/being submitted to the laboratory.

I, further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

	Signature/Thumb Impression*	Name
Patient		<u>Pournima Kiran Taware</u>
Surrogate/Guardian (if applicable#)	<u>Dt.</u>	<u>Mrs</u> (Write name & relationship with patient)
Reason for surrogate consent	Patient is unable to give consent because:	

\* Right Hand for Males & Left Hand for Females

# only if Patient is a minor or unable to give consent

### INTERPRETER'S DECLARATION (If applicable)

acknowledge that, in my capacity as an interpreter. I shall not disclose to any other person, any confidential information relating to the above mentioned patient.

	Signature	Name
Interpreter	<u>S</u>	<u>Ms Anita Bhardwaj</u>

Signed by the above on 5/10/24 at : :  AM/PM

### DOCTOR'S / COUNSELOR'S DECLARATION:

I confirm that I have given pretest counseling to the patient / patient's representative, I am confident that she / he has understood the information provided. I declare that on receipt of test result, I shall give Post-test Counseling.

	Signature	Name	Date
Doctor / Counselor		<u>DR. SANGEETA LAKHANI</u> MBBS, MEM 201910513896	<u>5/10/24</u>

S

Simran Alvarez