

ICON HOSPITAL - HBsAg TEST INFORMED CONSENT FORM

ISO CERTIFIED 9001:2015

Gat No. 163, Tower Line Corner, Talawade Road, Triveninagar, Pune – 62

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Patient Details

Patient Name: _____

PRN No.: _____

Age: _____

Sex: _____

IPD No.: _____

Ward: _____

Bed No.: _____

1. INFORMED CONSENT FOR HBsAg TEST (ENGLISH)

I have been offered the blood test for detection of antibodies to the Hepatitis B virus (HBV) performed by an outside laboratory. HBV is the causative agent of Hepatitis.

I understand that this test may not be conclusive because a positive result means additional tests may be needed and a negative result does not necessarily eliminate consideration of Hepatitis. I have also been informed that the results of this blood test will only be released to those healthcare personnel and insurance companies providing medical care and coverage to me as allowed by Federal and State law. I understand that these test results will be a part of my medical record and will be released if I have signed an authorization for the release of medical information.

I understand that not all health insurance plans will pay for Hepatitis testing. Should my insurance company decline coverage, I understand that I will be expected to pay for it myself.

I am aware that additional information regarding Hepatitis and antibody testing is available at my request and therefore acknowledge that I have had the opportunity to ask any questions I have regarding this test prior to giving my consent.

1. I hereby give my consent for the performance of the HBsAg blood test and for release of results as outlined above.

Name: _____

Sign: _____

Date: _____

Time: _____

Witness Name: _____

Sign: _____

Date: _____

Time: _____

2. I decline the opportunity for the HBsAg / HBV blood test at this time.

Name: _____

Sign: _____

Date: _____

Time: _____

Witness Name: _____

Sign: _____

Date: _____

Time: _____

Doctor Name: _____

Sign: _____

Date: _____

Time: _____

2. HBsAg CONSENT FORM (MARATHI VERSION)

रुग्णास चिकित्सकांच्या तसेच उपचाराच्या दृषीने HBsAg (रक्तातील कणिकावदारे) ही चाचणी करण्यात येते. या चाचणीद्वारे शरीरातील व्हायरस कारणीभूत Hepatitis B (HBV) याचे निदान केले जाते. या चाचणीद्वारे आपण पूर्ण निदान करू शकत नाही. परंतु सकारात्मक परिणाम मिळाल्यास पुढील तपासण्या करणे आवश्यक ठरू शकते.

या उपचार व चाचणीचे परिणाम, फायदे, मर्यादा तसेच इन्शुरन्स कंपन्यांच्या धोरणाबद्दल संपूर्ण माहिती दिली आहे. काही कारणांमुळे इन्शुरन्स कंपनीकडून कद्दर होण्याची शक्यता नाही. तरीही चाचणी करणे आवश्यक असल्यास आम्ही संमती देत आहोत.

वरील माहितीप्रमाणे मी स्वतः रुग्ण या चाचणीसाठी परवानगी देत आहे.

Marathi Signature Block

नाव: _____

नाते: _____

सही: _____

अंगठा: ____

तारीख: _ / _ / __

वेळ: ____

END OF HBsAg CONSENT DOCUMENT