



**Praram 9
Hospital**

HIV infection screening consent form

Name:Gender:
DOB:Age:HN:VN/AN:
Date:Time:Physician:
Allergies:
Blood Reaction:

I ☐ patient ☐ patient's representative,
(state the relationship to the patient:) have been informed about H.I.V. screening test from physician/dentist as detailed:

- HIV is a virus that causes AIDS
- Screening test is required to indicate the infection
- HIV screening test is essential for a proper health care
- HIV screening test is a voluntary test
- The result of the test will be kept confidential

I would like to have the result of the test informed to

☐ me only

☐ me and other (Mr./Mrs./Miss/company)

☐ no one

I insist to have the hospital acted as I wish. I fully realise the consequence of accepting or refusing to take the test including result notification. If I have a representative, this form is regarded as consent for my representative to have the result of the test informed.

Translation and information given by translator

I have translated the information in "HIV Infection screening consent form" including the detail that the physician/dentist has explained to the patient and his/her representative in (language)
bydate.....

Attending physician	Patient or patient's representative	Witness	Witness
x (.....) DateTime.....	x (.....) DateTime.....	x (.....) DateTime.....	x (.....) DateTime.....

(In case patient's fingerprint is engraved, 2 witnesses are required. If patient's relatives are not reachable, hospital staffs can sign as witnesses)

Remark : The patient who consent to do HIV infection screening test and age under 18 years old, may not require for the consent from parents if he or she completely understood all the details in "General knowledge regarding HIV test" part (as it is for diagnosis only, not for legal transaction). Reference: Medical council MC017/930

In case patient is unable to give consent: *The above information has been explained to patient's legal representative (as identified below) who consent and accepts to have the test performed.

Name relationship to the patienttelephone number

Current address

Type of identity ☐ citizen ID card ☐ government employee ID card ☐ driving license ☐ passport

Card numberplace of issuedate of issueexpiry date

*** Please specify the reason why patient is unable to sign the consent form**

☐ physically/mentally impaired (please specify).....

☐ other (please specify)

General knowledge regarding HIV test

1) HIV infection

HIV infection causes AIDS. There are 3 routes of contact:

- 1.1 Sexual intercourse
- 1.2 Blood transfusion
- 1.3 Mother to child, during delivery or lactation

Most people who become infected with HIV do not notice that they have been infected. During early phase of infection, they may have nonspecific symptoms include fever or lymph glands enlargement or no obvious symptoms. As the disease progressed, other symptoms will show up later, such as herpes zoster, oral thrush, and chronic diarrhoea and involuntary weight loss. Finally, full grown AIDS symptoms such as cryptococcal infection, severe pneumonitis, cancer and dementia may develop. It takes time, (sometime years) to develop symptoms at severe stage. Untreated patient with severe AIDS symptoms usually dies within 2-3 years.

2) HIV blood test

The most popular screening method is blood test for HIV antigen and antibody to HIV. Positive result suggests an evidence of HIV infection. In the same token, negative result means no evidence of HIV infection is detected.

Having positive result does not always mean symptoms will have to be present. It takes years to develop symptoms, but eventually symptoms will be present in almost all patients.

Having negative result also does not always mean no infection. If test is performed 2-4 weeks after exposure to the virus, initial result may show negative. Therefore, people who have negative result but with risk, should have their blood test performed again 2-12 weeks later. If the result remains negative, it means no infection is present.

3) Why screening?

Knowing if one is infected or not can help prevent love ones such as spouse and future baby from being infected, also in planning a good self-care plan.

4) Effect of HIV screening test

Either positive or negative result may affect the patient. Positive result could lead to rejection, depression, unemployment and suicidal attempt. Meanwhile, negative result in first 2-4 weeks could lead to problem when one has sexual intercourse without any protection, which can spread infection to sexual partner.

5) Patient's right

Before HIV test is performed, patient has the right to be treated appropriately as listed

- 5.1 Physician or medical staffs is required to explain clearly regarding the test, interpretation of result and the impact to the patient or legal representative except in emergency.
- 5.2 Patient has every right to ask. Physician or medical staffs is responsible to answer every question clearly.
- 5.3 The result is confidential. Notifying the result to other must first be approved by patient or patient's representative, or when physician has to act according to the law.
- 5.4 The test can be performed elsewhere aside from Praram9 hospital such as an anonymous clinic.
Patient may request not to be informed about the result.

ฟัง

ที่

ห้าม

นั้น

ที่ก