

FRUMOVITZ, MATSUNAGA, DALY, ROSS, THORDARSON AND VOGEL, M.D.'S

A Medical Corporation  
OBSTETRICS, GYNECOLOGY AND INFERTILITY

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CONSENT TO TEST FOR HIV

I HAVE BEEN INFORMED THAT MY BLOOD WILL BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), THE CAUSATIVE AGENT FOR AIDS. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THAT MY ACCURACY AND RELIABILITY ARE NOT 100% CERTAIN.

I HAVE BEEN INFORMED THAT A SAMPLE OF MY BLOOD WILL BE TAKEN FROM MY BODY AND TESTED FOR THE PRESENCE OF HIV ANTIBODIES.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE BEEN GIVEN INFORMATION CONCERNING THE BENEFITS AND RISKS, AND I EITHER CONSENT OR DECLINE TO BE TESTED FOR HIV.

PLEASE INITIAL YOUR CHOICE AND SIGN BELOW.

\_\_\_\_\_ I DECLINE THE HIV TEST

\_\_\_\_\_ I VOLUNTARILY CONSENT TO THE HIV TEST

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE