



VERSEKERING  
MAATSKAPPY & NOM

POLIS NOMMER  
VERWYSINGS NO

## APPLIKANT BESONDERHEDE

ID NOMMER		LAND (PASPOORT)	
GEBOORTE DAT.		GESLAG	M F
		VERVAL DATUM	
		TAAL	A E
VAN		ADRES	
VOORLETTERS		EERSTE NAAM	
		ADRES	
E-POS		ADRES	
KONTAK NOM.		SEL NOMMER	

HIV TOETSE VIR MINDERJARIGES (ONDER 18 JAAR) VOOG / REKENPLIGTIGE ID & TOESTEMMING HANDTEKENING WORD BENODIG

REKENING ID		VOOG HANDTEKENING
VAN, VOORLETTERS		

## GENOMINEERDE DOKTER

NAAM VAN DR		TELEFOON	
ADRES			

## AGENT / MAKELAAR BESONDERHEDE

VAN, VOORLET-		MAKELAAR KODE	
TAK NAAM		TELEFOON (W)	
DOKUMENT KODE		SEL NOMMER	

## LABORATORIUM ONDERSOEKE VERLANG

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="radio"/> HIV & Kotinien             | <input type="radio"/> Kreatinien      | <input type="radio"/> GTT 2 Ure (Vastend & by afspraak) |
| <input type="radio"/> HIV                        | <input type="radio"/> Ureum           | <input type="radio"/> HbA1C                             |
| <input type="radio"/> KOTINIEN                   | <input type="radio"/> Uriensuur       | <input type="radio"/> Fruktoosamien                     |
| <input type="radio"/> TPHA                       | <input type="radio"/> GGT             | <input type="radio"/> VBT + Plaatjie Telling            |
| <input type="radio"/> RPR of VDRL                | <input type="radio"/> Alk. Phos       | <input type="radio"/> Besinking Spoed (ESR)             |
| <input type="radio"/> Hep. B s Antigeen          | <input type="radio"/> ALT (SGPT)      | <input type="radio"/> CDT                               |
| <input type="radio"/> Hep. C Anti-liggaame (IgG) | <input type="radio"/> AST (SGOT)      | <input type="radio"/> PSA                               |
| <input type="radio"/> Cholesterol                | <input type="radio"/> Billirubien     | <input type="radio"/> Ferritien                         |
| <input type="radio"/> Trig Vastend               | <input type="radio"/> Glukose Vastend | <input type="radio"/> Urien Mikro & Biochemie           |
| <input type="radio"/> HDL Cholesterol            | <input type="radio"/> Glukose Lukraak | <input type="radio"/> Urien Albumien                    |

## KORT MEDIES

- Urien Doopstokkie ingesluit  
 Urien Doopstokkie uitgesluit  
 Kolleksie Fooi - Werks besoek  
 VASTEND  LUKRAAK

## MONSTER

- BLOED  URIENE  
 SPUTUM  ANDER

## IDENTIFIKASIE / VERKLARING DEUR PERSOON WAT MONSTER VERSAMEL

I declare that the person being tested for HIV has received the Informed Consent Document. The information of the applicant has been verified by me in accordance with the HIV testing protocol and he/she has consented to have specimens taken and tested for HIV. The document mentioned below has been inspected by me to verify the identity of the applicant.

- IDENTITEITS DOKUMENT  PASPOORT  BESTUUR LISENSIE

NAAM		DATUM		PRAKTYK / RAAD NOM.	
HANDTEKENING		KOLLEKSIE TYD			<b>Bfn</b>

## LOA PROTOKOL GEVOLG

Y	<input type="checkbox"/>	N	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	PPTC		PTC

## INFORMED CONCENT TO HIV AND/OR OTHER PATHOLOGY TESTS

• I have read and understand all the information contained in the Informed Consent Document. • I consent to the collecting and testing of all specimen (blood, urine, sputum) taken. • I understand that the results of my tests will be kept confidential and will be used exclusively by the insurance company, except for the disclosure of any reactive result to the doctor whom I have nominated above. • I understand that I may request a copy of my results by means of a written request to the insurance company.

• I understand that I should contact my nominated doctor for further information and counseling if required. • I understand that the Insurance Company will pay for one session of post-test counseling if my HIV test result is reactive but not for any confirmatory testing if required. • I understand that I have the right to request and receive a copy of this form. • I understand that detail of a reactive or positive test result will be held by the LOA in confidential register. • The HIV test is only a screening test. If reactive or positive, further confirmatory testing should be done to confirm my status.

I DECLARE THAT THE INFORMATION SUPPLIED IS CORRECT AND GIVE CONSENT FOR SPECIMENS COLLECTION AND REQUESTED PATHOLOGY TESTS TO BE PERFORMED. I DECLARE THAT I HAVE READ BOTH PAGES OF THIS FORM OR HAD PERSONAL COUNSELLING AND CONSENT TO HIV TESTING.

HANDTEKENING	
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Westdene Lab:  
051 410 4000  
Rosepark Lab:  
051 502 1500  
Medi-Clinic Lab:  
051 410 1700

Van Rensburg Patoloë  
Ing. / Inc.  
PR: 052 000 0198676

LABORATORY  
BARCODE  
NUMBER



### WAIVER OF RIGHT TO PERSONAL COUNSELLING

- I understand that I have the right to personal counseling at the expense of the Insurance Company Before undergoing an HIV test
- I also have the right to waive such counseling in writing, should I choose, as follows:

I, \_\_\_\_\_, declare that I have read and understand the LOA HIV Testing Information Sheet, that I am aware of my rights to access personal counseling, but that I voluntarily elect to waive such right.

SIGNED

DATE

### EVALUATION OF PERSONAL HIV COUNSELLING

(To be completed only by applicants after having undergone a personal counseling session on HIV testing)

#### Details of counselling session

DATE		Duration	mins.
Name of counsellor			
Name of Applicant (optional)			

Did you understand what you were told?

YES

NO

Were you given the opportunity to ask questions?

YES

NO

Was the time well spent?

YES

NO

What is your level of satisfaction with the information received?

Very satisfied

Satisfied

Not satisfied

#### Comments

Signature of applicant

ARE YOU A PARTICIPANT IN AN HIV VACCINE TRIAL? (IF YES, TAKE EDTA TUBE)

YES

NO

IF YES, PLEASE SUPPLY YOUR VACCINE TRIAL IDENTIFICATION NUMBER

### KWYTSKELDING VAN DIE REG TOT PERSOONLIKE BERADING

- Ek begryp dat voordat ek 'nMIV-toets ondergaan, ek die reg het totpersoonlike berading waarvan die koste deur die Versekeringsmaatskappy gedra sal word.
- Ek het ook die reg om sodanige berading skriftelik van die hand te wys indien ek verkies, soos volg:
- Ek, \_\_\_\_\_, verklaar dat ek die LOA MIV-Toetsinligtingsblad gelees het en verstaan en dat ek bewus is van my reg tot persoonlike berading, maar dat ek vrywillig verkies om sodanige reg van die hand wys.

Geteken

Datum

### EVALUERING VAN PERSOONLIKE MIV-BERADING

(Moet deur aansoekers ingevul word slegs nadat 'n persoonlike beradingsessie oor MIV-toetsing ondergaan is.)

#### Besonderhede van beradingsessie

DATUM		Duur	min.
NAAM VAN BERADER			
NAAM VAN AANSOEKER (NIE-VERPLIGTEND)			

Het jy verstaan wat aan u gesê is?

JA

NEE

Het u die geleentheid gehad om vrae te vra?

JA

NEE

Is u tyd nuttig bestee?

JA

NEE

Wat is u vlak van tevredenheid met die inligting wat ontvang is?

Baie tervrede

Tervrede

Nie Tervrede

#### Opmerkings

Handtekening van aansoeker

Is u 'n deelnemer aan 'n MIV-entstoftoetsgroep? (Indien wel, neem EDTA buis)

JA

NEE

Indien wel voorsien assiblie u entstoftoets-identifikasienommer