Informed consent needs to be obtained prior to ordering an HIV screening test.

- **LAB473** HIV type-1/0/2 Antibody and Antigen Screen (routine)
  
  Preliminary positive results will be released.

  Positive results will reflex to confirmatory testing.

- **LAB2266** Expedited HIV type-1 and 2 Antibody and Antigen Screen
  
  Note: This test will only be performed if an authorized signature is present, and contact person name and phone number are provided.

  **Test:**
  - Newborn screen
  - Maternal Screen
  - Other

  **Specimen:** Venipuncture (Use Gold, Red, or Green [Lithium Heparin] Top Tubes Only)

  **Authorization for Release of Preliminary HIV Results Under NYCRR, Title 10**

  The undersigned person does hereby authorize the release of preliminary results for HIV testing to the contact person identified below in accordance with the New York State Code of Regulations, Title 10, Subpart 58-8.4. The requirements for patient confidentiality have been followed. I understand that the regulations specify that this preliminary result should be used in conjunction with clinical history, including HIV risk factors, in determining the need to initiate post exposure prophylaxis. I also understand that a preliminary positive result will be followed with confirmatory Western Blot report, as soon as practicable. Negative results are final.

  X ______________________________________________
  Authorised Signature (submitting physician or designee)

  Print Name and Title ____________________________
  Signed Date and Time __________________________

  **Contact Person for Receipt of Preliminary Results - REQUIRED**

  Please provide the person(s) to be contacted with the preliminary result. Such person(s) should be knowledgeable in the confidentiality requirements, and the fact that the result released will only be preliminary.

  **Contact Person:**
  - Birthing Center Resource Nurse (phone 3535, fax 6530) or
  - Other: Name______________ Phone #:__________________ Pager#:______________
  Fax #:____________________

  This documentation must be provided each time a request for Expedited HIV testing is ordered.
REFLEXIVE TESTING

1. NYSDOH requires all positive HIV Antibody screening tests to be confirmed by Multispot Antibody Differentiation. These are referred to a reference laboratory and there will be additional charges for this testing.

2. Positive HIV Antigen screening test will be confirmed by nucleic acid testing.

OFFER OF/CONSENT TO PERFORM HIV TESTING FORMS H-6087 ARE AVAILABLE THROUGH THE BASSETT PRINT SHOP (included in HIV packet #4524).

Consent form in available on the Bassett intranet, lab manual page at this link: http://online2.bassett.org/Laboratory/docs/frm_HIV_consent_form_H-6087-lab.pdf