# HACKETTSTOWN REGIONAL MEDICAL CENTER LABORATORY POLICY MANUAL

#### **HIV CONSENT FORM**

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Effective Date: August 2000 Policy No: GENLAB 5.15 Cross Referenced: Origin: General Lab

Reviewed Date: 02/29/12 Authority: Laboratory Director

Revised Date: 09/00, 01/12 Page: 1 of 1

# **PURPOSE**

To obtain a patient's informed consent pursuant to State and Federal regulations.

## **POLICY**

Patients having HIV testing performed at Hackettstown Regional Medical Center are required to bring a signed consent form from their physician. These forms are obtained in their physician's office and must be completed before testing is performed. A <u>written</u> order must also accompany the consent.

**Exceptions: OB patients are not required to sign consent.** 

### Telephone orders are NOT accepted for HIV testing

If a patient arrives in the laboratory without a signed consent, their physician should be called and notified of the hospital policy on HIV testing. If a problem arises, contact the clinical manger or patient representative for assistance.

Following is a copy of the consent form required.