

Dr. Sheldon Cohen
or Janet Schlarb (Project Director)
Department of Psychology
Carnegie Mellon University
Pittsburgh, PA 15213

Telephone: Ms. Schlarb 412-268-3295

CONSENT TO HIV BLOOD TEST

INVESTIGATORS: Sheldon Cohen, Ph.D. 412-268-2336

David Skoner, M.D. 412-692-5080

I, _____, consent to have blood drawn for the purpose of testing to determine the presence of antibodies (reactive proteins) in the blood to the human immunodeficiency virus (HIV), which is the probable causative agent of Acquired Immunodeficiency Syndrome (AIDS).

The specimen of blood is needed for determining eligibility for participation in a study on the role of personality and behavior in susceptibility to upper respiratory infection.

I understand and/or acknowledge that:

1. I have been told about the nature of the blood test, its expected benefits, its risks and alternative tests, and I understand that I may ask any questions about these subjects before I decide to consent to the blood test.
2. The test may indicate that the patient has antibodies to the virus when the patient actually does not have such antibodies (false positive), or the test may fail to detect that the patient has antibodies to the virus when the patient actually does have the virus (false negative). If the results of the initial test are positive, further testing will be conducted as medically necessary to confirm the results. A positive antibody test result does not mean that the patient has AIDS; in order to diagnose AIDS, other means must be used in conjunction with the HIV antibody test.
3. I have had the opportunity to receive information regarding measures for the prevention of, exposure to and transmission of the HIV virus.
4. After the results of the test are known and confirmed, I will be told the results and given the opportunity for face-to-face counseling concerning the significance of the test results and other information required by law.
5. The results of the blood test will be available to the hospital and its employees and to the health care practitioners responsible for the patient's care and treatment. No additional release of the results will be made unless with my written authorization or in accordance with law.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of results and have had all of my questions answered. Further, I give consent to have blood drawn (or for the use of blood already drawn) to test for the presence of antibodies to the human immunodeficiency virus (HIV).

Subject's Name (please print)

Subject's Signature

Date

An explanation of the HIV antibody testing and pre-testing counseling have been given to the above Patient, and I believe he/she understands the information which has been explained as well as the information contained in this document.

Researcher Signature

Title or position