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CONSENT FOR THIRD PARTY HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING

I, _____, agree to have HIV (Human Immunodeficiency Virus) testing performed for the purpose of _____ (Immigration, Insurance, Visa). I understand that the cost of testing is my responsibility. The results of the testing will be sent by the laboratory to the referring physician ONLY.

SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY LABORATORY PERSONNEL

PATIENT IDENTIFIED AND SPECIMEN COLLECTED BY: _____

DATE: _____