Axis Health & Diagnostics Services

Axis Health & Diagnostic Services Ltd
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Consent for HIV testing

Testing is your choice. Please read this form and ask us anything before you decide.

Your details

Full name _____ Date of birth or age _____

Phone _____ Requested by, if a doctor or clinic _____

This test is for: ☐ My own request ☐ Doctor's request ☐ Pre-marital screening ☐ Health check-up

What you should know

- **Why test?** Knowing your status helps you protect your health and the people close to you. HIV can be managed with treatment.
- **What the test does.** It checks a blood sample for signs of HIV infection.
- **A negative result** means no sign of HIV was found. If you may have been exposed recently, the infection may be too early to detect, so we may advise a repeat test.
- **A reactive result is not a final diagnosis.** It must be confirmed with further testing under Ghana's national testing process.
- **Counselling.** We will talk with you about your result. If it is reactive, we will support you with confirmatory testing and connect you to treatment and care.
- **Confidentiality.** Your result is private. We will not give it to your partner, family, employer or anyone else without your written permission, unless the law requires it.

My consent

Please tick one.

☐ **I agree to be tested for HIV.** I have read this form, or it has been explained to me, and I have had the chance to ask questions.

☐ **I do not agree to be tested for HIV.** I understand I can change my mind later.

Who may receive my result

Axis will give your result to you. Tick and complete an option only if you also want it released to someone else.

☐ My doctor or clinic:

Name _____ Contact _____

☐ My partner, as part of pre-marital screening:

Partner's name _____ Partner's phone _____

☐ Another person or organisation:

Name _____ Purpose _____

How would you like to receive your result? ☐ In person ☐ WhatsApp ☐ Email

Signature

Name _____ Signature _____

Date _____ Time _____ Phone _____

If the person being tested is under 18

A parent or legal guardian should read this form with them and sign here.

Parent or guardian's name _____ Relationship _____

Signature _____ Date _____

For Axis staff

Counselled by _____ Date _____

Sample ID _____ Result given by _____