

CELEBRATION STEM CELL CENTRE HIV TEST INFORMED CONSENT

HUMAN IMMUNODEFICIENCY VIRUS AND TRANSMISSION:

Human Immunodeficiency Virus (HIV) is a virus which can be transmitted from individuals through body fluids, primarily blood and semen. The spread is not through air or food or by casual social contact. It is passed on when the blood or body fluids of an infected person mix with your own. Being infected with HIV through sexual contact mainly happens by having contact with semen of a person who has HIV. Women, as well as men, can infect their sexual partners with the virus. The HIV virus has also been found in vaginal secretions, tears, and saliva, but there is no proof that HIV can spread by contact with saliva. Intravenous drug users and persons receiving blood transfusions can be exposed to the virus through infected blood or body products. A baby may become infected during pregnancy, delivery, or when breast feeding if its mother has the disease. A person may carry the virus for months before testing positive and may carry the virus for months or years before any symptoms appear. A person with HIV can still spread the disease even though he or she may appear healthy.

When HIV enters the blood stream it invades and destroys cells in the body's infection and cancer fighting system and reduces the body's ability to fight infections. The HIV virus attacks the immune system, so that infections which one wouldn't normally get (opportunistic infections) start developing, and then the infected person has Acquired Immunodeficiency Syndrome (AIDS). The HIV virus is not what kills a person with AIDS; it is the opportunistic infections which cause death.

BEHAVIORS THAT INCREASE YOUR RISK OF BEING EXPOSED TO HIV:

Recent blood, plasma, or blood product transfusion, intravenous drug use, especially with sharing of needles or syringes, or having sexual contact with someone who: (a) has tested positive for HIV infection, (b) is at risk of infection through his or her own sexual practices, (c) uses IV drugs, or had a recent blood transfusion, (d) uses illicit intravenous drugs, (e) received blood transfusions, plasma, or clotting factor before 1985, (f) within the last twelve months, has more than one sexual partner, especially partners who could be at risk of HIV infection, or (g) is a man who has had sexual relations with another man.

THE HIV TEST AND VOLUNTARY TESTING

The HIV tests are blood tests for the presence of the HIV virus and antibodies to the HIV virus. A positive test result means that you have been exposed to the virus, and either have made antibodies or are infected. It may not mean that you have AIDS now or that you will become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. It takes about 12 days to detect the virus from time of infection to time of detection. Please note, if you do not wish to have your blood tested for HIV, you will not be eligible to donate your baby's cord blood.

<u>CONSENT</u>	
<p>Taking the HIV test is voluntary, and results are confidential by law. Results can only be given to people you allow, and a release form must be signed prior to releasing this information. The law requires Celebration Stem Cell Centre to report any positive HIV test result to the Arizona Department of Health or state equivalent if not in Arizona.</p> <p>I have read the above information and have had my questions about the test answered. I agree to take the HIV test. I allow the test results to be made available to Celebration Stem Cell Centre and to private physician(s):</p>	
Dr. _____	<div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">Physician's Name</div>
_____ Signature of Expectant Mother	<div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">Mother Sign Here</div>
_____ Print Name (Expectant Mother)	<div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">Mother Print Here</div>
<p>Person Authorized Pursuant to Law to Consent to Health Care for the Expectant Mother (if Expectant Mother is a minor or unable to sign)</p>	
_____ Signature	_____ Date
_____ Print Name	_____ Relationship to Expectant Mother