

Consent for Testing

I give my permission to CHOICES designated staff to perform the necessary tests during my visit today.

Urine Pregnancy Test UCG

Urine Pregnancy Test Elisa

I understand the earlier in pregnancy a urine test is performed, the greater chance there is of error. Additionally, false positive and false negative results can occur. A urine test cannot determine how long I have been pregnant, whether a pregnancy is viable (living) or whether I have recently had a miscarriage, abortion, or recently delivered a pregnancy. Regardless of the results of the urine test, a positive urine pregnancy screen should be followed up by physical examination can include a pelvic examination, an ultrasound, or additional blood or urine tests as recommended by a clinician managing your health care and possible pregnancy. I release CHOICES and its employees from any and all liability arising out of or connected with this pregnancy screen, and particularly with regard to any errors in diagnosis based on this test.

Ultrasound

I understand that an ultrasound is a procedure using a vaginal or abdominal transducer to view my uterus and possibly a pregnancy that may be inside my uterus. This is done with an instrument (transducer) that sends sound waves through fluid in the body such as the amniotic fluid (water bag) surrounding most normal intra-uterine pregnancies. I understand that the ultrasound at CHOICES is a gestational age ultrasound and is only for the purpose of determining the age of the fetus. The ultrasound technician may be able to also look at other structures in my reproductive tract such as my ovaries, fallopian tubes and/or a uterus without a pregnancy depending on their skill and training. The ultrasound technician or clinician will explain to me if the ultrasound being conducted is being done for any other reason other than gestational age evaluation. Sometimes an abnormal pregnancy, such as an ectopic pregnancy (in the fallopian tubes) or intra-abdominal (inside the abdomen, outside of the uterus), may be suspected by the ultrasound technician at CHOICES. However, I understand that the ultrasound available at CHOICES cannot be used as confirmation or absolute verification that an abnormal pregnancy exists or does not exist. I understand that if the clinician or technician suspects an abnormal pregnancy, I will be advised to seek additional care to confirm the abnormality and to be advised of any treatment or procedures that may be necessary as a result of the abnormal pregnancy. The additional evaluation, care and treatment is my own responsibility and is not included in the cost of the gestational age ultrasound at CHOICES. I release CHOICES and its staff and employees from any liability arising out of or connected with this procedure, and particularly with regard to any abnormalities of my pregnancy, fetus, or reproductive tract which have not been evaluated by this study. I hereby give my permission to the employees of CHOICES and others authorized by them to use

Name: _____

Pt#: _____

DOB: _____

Date: _____

the information contained in my medical record for statistical purposes, with the understanding that confidentiality will be maintained.

Uni-Gold Recombigen HIV ½ Antibody Rapid Screening Test

I understand that a **Non-Reactive** result indicates that I am HIV-negative (that I don't have HIV or AIDS) as of today. I also understand that today's test may not reflect exposure to HIV in the past 6 months. If I have engaged in any risk behavior (such as unprotected intercourse, IV drug use, or experienced exposure to a body fluid known to carry HIV) in the past 6 months, it is recommended that I return in six months after reducing my risk to be sure I am HIV-negative. I understand that a **Reactive** result is interpreted as a preliminary positive. This means that there is a high probability I have contracted the HIV virus. It is strongly recommended that I take a confirmatory blood HIV test, which can be done today at no cost to me.

OraQuick Hepatitis C Antibody Rapid Screening Test

I understand that a **Non-Reactive** test result means that no antibodies to hepatitis C have been detected in my blood. Hepatitis C antibodies may be absent if my exposure to the virus was recent. If it was a recent exposure, repeat testing is necessary. Remember that a non-reactive test result does not mean I cannot become infected with hepatitis C in the future. It is recommended that I retest in 6 months if recent exposure or if I continue to engage in risk behaviors. I understand that a **Reactive** test result means that hepatitis C antibodies have been detected in my blood. This means that I may have been exposed to the hepatitis C virus at some time. This means that there is a high probability I have contracted the hepatitis C virus. It is strongly recommended that I take a confirmatory test.

I also understand that a positive confirmatory STI result such as HIV and Hep C are reported to the Tennessee Department of Health as required by Tennessee state law and that CHOICES is required by Tennessee law to report certain statistical and demographic information.

Additional STI Services

Gonorrhea

Chlamydia

Syphilis

Herpes Simplex Virus I/II Type

Client Signature _____ Date _____

CHOICES Staff Witness _____ Date _____