

# THE MEDICAL PRACTICE AT 48 WIMPOLE STREET

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## HIV PRE-TESTING INFORMATION & CONSENT

HIV- human immunodeficiency virus. This is the AIDS virus.

We test for this using a blood test to detect antibodies to HIV 1 & 2 and the HIV p24 antigen.

Antigens are detected in the blood early on in the infection, prior to seroconversion (antibody formation).

This means that using such a combined test allows us to detect HIV infection from 4 weeks after contact.

The actual time of antibody formation varies from 4 to 12 weeks after infection.

Negative tests mean

1. You have not been exposed to the virus.
2. You have been exposed but your body has not had enough time to produce antigens or antibodies.

Positive tests mean

1. You do not necessarily have AIDS. Your blood will need further more sensitive tests.
2. If more sensitive tests are positive then you have been exposed to and have the AIDS virus. You should consider yourself contagious- capable of passing the virus onto others.

The test is recommended for the following high risk groups

1. Homosexuality – even one encounter since 1976.
2. Bisexuality.
3. Intravenous drug users.
4. Blood transfusions esp. between 1976 and 1985.
5. Multiple sexual partners.
6. Prostitution.
7. Persons born in a country of high incidence of heterosexual transmission –Haiti, Central Africa.
8. Sex partner of any of the above.

PREVENTION of transmission by the following methods

1. Avoid sexual contact with HIV positive persons.
2. Avoid anal intercourse.
3. Avoid multiple sexual partners.
4. Avoid intravenous drug use or sexual contact with people who do.
5. Open mouth kissing or oral-genital contact with high risk contacts.

Condom use is recommended against the possible transmission of HIV. However, whilst condom usage is considered to be safe sexual practice, it should not be considered 100% effective. It is therefore important to avoid high risk behaviours noted above.

The test is always taken voluntarily. Test results will be confidential and given to you directly. If you are found to test positive we will refer you to a Consultant in HIV Medicine for further treatment and counselling.

I understand that the test results will be part of my confidential medical record. I have been informed about the HIV test. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks and request this test.

Date                      Patients Signature

Printed Name

Date

Witness