



### **Written informed consent for HIV testing**

In ..... (city) today ...../...../20.... the undersigned  
..... (name) ..... (surname),  
..... (middle name), ..... (nationality),  
resident at .....

(Based on: formal documents / in statement of the person) \*

I agree to get tested for HIV infection. I have been provided adequate information about HIV testing. My health care provider has answered any questions I have about HIV/AIDS. I am aware that I have the right to revoke my consent at any time without any consequences.

If the result of the initial HIV screening test is HIV positive reactive, I agree to get further tested. I am also aware that my test results will remain confidential.

SIGNATURE .....

\*it is filled in by the health care professional