

HIV 检测同意书

Serum HIV test client consent and declaration

根据签证体检相关技术指导规定，您的签证体检需要采血进行人类免疫缺陷病毒（HIV）检测。该项目是对人类免疫缺陷病毒感染所导致的艾滋病的重要检测手段。结果将呈送_____政府移民局及移居地卫生管理当局进行审核、判断和保存。签名医生已向体检人说明检查目的意义和方式，并将为体检人在检测后提供一切可能的咨询服务。

注意：HIV 病毒感染至产生可检测抗体间有数周至六个月的窗口期，在此期间检测可能呈假阴性反应。如果您近期曾有过高危行为，请在三至六个月后再次复查。

According to the technical instructions, the serum HIV (Human Immunodeficiency Virus) test is required as a part of your examination. The HIV test is an important means of detecting HIV virus infection and the acquired immunodeficiency syndrome (AIDS). The results of the test will be provided to _____ authority, as well as potentially health providers if successful in gaining a visa. Panel physician has explained the importance and methods of serum HIV test to you. Follow up counseling service and management is available in this panel site.

Notice: The test may give false negative result during the WINDOW PERIOD, an interval of several weeks to six months between the time of HIV infection and the production of measurable antibodies. People who are exposed with high risk behavior are advised to go through for repeat test after three to six months.

我_____, 已详细阅读以上内容, 完全理解 HIV 血清学检测的目的和意义。经本人慎重考虑, 愿意接受 HIV 检测, 并对检测结果承担所有责任。

I, _____, have read the pre-test counseling information provided above and fully understand the importance and necessity of serum HIV test. I agree to undergo the test and will be responsible for the possible results.

医师签字 **Signature of panel physician:** _____

申请人签字 **Signature of applicant:** _____

签字日期 **Date signed:** _____