



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18802.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

HIV Testing

Genito-Urinary Medicine

HIV Testing

Introduction

You have asked for an HIV test.

Please read the following information and then answer the questions on the next page.

Please ask a member of staff if there is anything you do not understand or if you wish to have any point explained to you.

Confidentiality

If you have an HIV test done here, only you and the staff at this clinic will know you have had the test done.

No name is disclosed on the test form that goes to the laboratory, only a clinic number.

This result will NOT be sent to your GP.

3 Month Window Period

The test does not detect the HIV virus in your blood. It detects the antibodies that your body makes in response to the virus. It can take up to 12 weeks for your body to make these antibodies after you become infected.

You should not have this test done until 12 weeks after your last sex with the "risky" partner.

Support for HIV Positive People

If your HIV test is positive, you will be given information about how you will get treatment for HIV infection, about health and social services for HIV positive people and about self help groups.

How you will get your result?

You can get your result by text, telephone or by coming back to the clinic. It is important that you do not let anyone else know your clinic number as the clinic cannot be held responsible if the result is given over the telephone to someone else who has given us the correct clinic number and date of birth.

If you have any queries or require further assistance please contact Blanche Heriot Unit on **01932 722390**

For additional information please log on to www.tht.org.uk

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

Author: Elly Bittleston

Version: 2

Department: Genito-Urinary Medicine

Published: Sept 2006

Review: Sept 2007

For Clinic Staff Only

Patient at risk

Yes / No

Patient referred to Health Advisor

Yes / No

It is appropriate to test this patient for HIV today
(Check 3 month window period with patient)

Yes / No

Patient Questionnaire

Now please answer the following questions (please mark x in box of your choice)

Have you ever injected drugs?	Yes ☐ No ☐
Have you ever had sex with anyone who injected drugs?	Yes ☐ No ☐
Have you ever had a homosexual activity?	Yes ☐ No ☐
Have you ever had sex with a bisexual man?	Yes ☐ No ☐
Have you ever had sex with someone from abroad? If yes, when and where were they from?	Yes ☐ No ☐
Have you ever had a blood transfusion? If yes, when and where?	Yes ☐ No ☐
Have you ever had sex with a man who has haemophilia?	Yes ☐ No ☐

Have you ever paid, or been paid for sex?	Yes ☐ No ☐
Have you ever had sex with someone who you think may be at risk of HIV?	Yes ☐ No ☐
Have you had unprotected sex with more than 6 partners over the last 6 months?	Yes ☐ No ☐
Do you think you are at risk of HIV for any other reason? Please explain	

It is advised that you should have protected sexual intercourse until the results of your HIV antibody test are available

Consent for HIV Testing

I confirm that I have read and understood this form.

I wish to receive my HIV test result by (please insert x in box of your choice)

text ☐ by telephone ☐ at clinic ☐

Signature of Patient.....

Signature of Staff Member.....

Designation.....

Date.....

Please hand in your questionnaire to the clinic staff; you may want to keep the rest of the booklet.