



PLACE BARCODE HERE



INSURANCE COMPANY & NO.

POLICY NO./ REFERENCE NO.

A. APPLICANT DETAILS

SURNAME											POSTAL ADDRESS																														
TITLE & FIRST NAME																																									
I.D./PASSPORT NO.																																									
COUNTRY (PASSPORT)											EXPIRY DATE																														
DATE OF BIRTH	D		D		M		M		Y		Y		Y		Y	SEX	<input type="checkbox"/> M	<input type="checkbox"/> F	AGE																						
E-MAIL											PHONE NO (H)											(W)																			
										CELL																															
																				Are you a participant in a HIV vaccine trial?										<input type="checkbox"/> Y	<input type="checkbox"/> N	Trial no.									
																				Do you require personal pre-test counselling for HIV testing?										<input type="checkbox"/> Y	<input type="checkbox"/> N										

B. HIV TESTING FOR MINORS (Under 12 years) Parent/Guardian ID & Consent Signature required for minors under 12 years. Parent/Guardian ID required for patients under 16 without an ID Document

PARENT/GUARDIAN I.D.											CONSENT SIGNATURE										
PARENT/GUARDIAN NAME																					

C. NOMINATED DOCTOR

NAME OF NOMINATED DR.											PHONE NO										
ADDRESS																					

D. INFORMED CONSENT TO HIV AND/OR OTHER PATHOLOGY TESTS/HISTOLOGY & CYTOLOGY REPORTS

- I have read and understand all the information contained in the Informed Consent Document.
- I consent to the collecting and testing of all specimen (blood, urine, sputum) taken.
- I understand that the results / reports of my tests will be kept confidential and will be used exclusively by the insurance company, except for the disclosure of any reactive result to the doctor whom I have nominated above.
- I understand that I may request a copy of my results by means of a written request to the insurance company.
- I have read and understand the HIV information on the reverse of this form.
- I understand that I should contact my nominated doctor for further information and counselling if required.
- I understand that the Insurance Company will pay for one session of post-test counselling if my HIV test result is reactive, but not for any confirmatory testing if required.
- I understand that I have the right to request and receive a copy of this form.
- I understand that detail of a reactive or positive test result will be held by ASISA in confidential register.
- The HIV test is only a screening test. If reactive or positive, further confirmatory testing should be done to confirm my status.
- I authorise you to disclose any Histology / Cytology reports which relate to me, to my insurance company, detail of which have been given to you.

I DECLARE THAT THE INFORMATION SUPPLIED IS CORRECT AND GIVE CONSENT FOR SPECIMEN COLLECTION AND REQUESTED PATHOLOGY TESTS TO BE PERFORMED. I DECLARE THAT I HAVE READ BOTH PAGES OF THIS FORM OR HAD PERSONAL COUNSELLING AND CONSENT TO HIV TESTING

SIGNATURE											DATE	D		D		M		M		Y		Y		Y		Y
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E. IDENTIFICATION/DECLARATION BY PERSON TAKING SPECIMEN

I declare that the person being tested for HIV has received the Informed Consent Document. The information of the applicant has been verified by me in accordance with the HIV testing protocol and he/she has consented to have specimens taken and tested for HIV. The document mentioned below has been inspected by me to verify the identity of the applicant.

<input type="checkbox"/> IDENTITY DOCUMENT	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> DRIVER'S LICENCE	OTHER FORMS OF ID ACCEPTED	CONFIRMED WITH												
NAME	COLLECTION LOCATION	PHONE NO	ASISA PROTOCOL FOLLOWED	<input type="checkbox"/> Y <input type="checkbox"/> N												
SIGNATURE	DATE	D		D		M		M		Y		Y		Y	COLL TIME	PRACTICE/COUNCIL NO

F. LABORATORY EXAMINATION(S) REQUIRED

<input type="checkbox"/> HIVCOTI HIV & Cotinine	<input type="checkbox"/> UA Uric Acid	<input type="checkbox"/> FBC Blood Count
<input type="checkbox"/> HIVI HIV	<input type="checkbox"/> GGT Gamma GT	<input type="checkbox"/> FBCE Blood Count, PLT, ESR
<input type="checkbox"/> COT Cotinine	<input type="checkbox"/> ALP Alk. Phos	<input type="checkbox"/> CDT Carbohydrate Deficient Transferrin
<input type="checkbox"/> TPHA TPHA	<input type="checkbox"/> ALT ALT (SGPT)	<input type="checkbox"/> HBA HbA1C
<input type="checkbox"/> RPRO RPR or VDRL	<input type="checkbox"/> AST AST (SGOT)	<input type="checkbox"/> URMUMC Urine Micro & Biochem
<input type="checkbox"/> HEPBSAG Hep. B s Antigen	<input type="checkbox"/> BILT Bilirubin	<input type="checkbox"/> URCEM Urine Dipstick
<input type="checkbox"/> HEPC Hep. C Antibodies (IgG)	<input type="checkbox"/> GLF Glucose Fasting	<input type="checkbox"/> MAU Microalbumin Urine
<input type="checkbox"/> CH Cholesterol	<input type="checkbox"/> GLR Glucose Random	<input type="checkbox"/> IOMP Old Mutual Blood Profile (Glucose, GGT, Cholesterol, HIV)
<input type="checkbox"/> TG Triglyceride Fasting	<input type="checkbox"/> GTT2 GTT 2 Hours (Fasting & by appt.)	<input type="checkbox"/> IABSA ABSA Blood Profile (Glucose, GGT, Cholesterol, HIV)
<input type="checkbox"/> HDL HDL	<input type="checkbox"/> ESR Sedimentation Rate	
<input type="checkbox"/> CR Creatinine	<input type="checkbox"/> PSA PSA	
<input type="checkbox"/> U Urea		

FASTING RANDOM

SHORT MEDICALS

<input type="checkbox"/> SMED (Incl. Urine Dipstick)
<input type="checkbox"/> SME (Excl. Urine Dipstick)
<input type="checkbox"/> NHR Nurses Health Report
<input type="checkbox"/> TBC Worksite Collection Fee
<input type="checkbox"/> BPR Blood Pressure Readings
SME given to broker <input type="checkbox"/> Y <input type="checkbox"/> N
SME faxed to underwriting <input type="checkbox"/> Y <input type="checkbox"/> N
Faxed by:
SPECIMEN
<input type="checkbox"/> Blood <input type="checkbox"/> Urine
<input type="checkbox"/> Sputum <input type="checkbox"/> Other

G. AGENT/BROKER DETAILS

NAME & SURNAME											BROKER CODE																					
BRANCH											PHONE NO (W)											(CELL)										
DOCUMENT CODE											BROKER NOTIFICATION CODE																					

THE ASSOCIATION OF SAVINGS AND INVESTMENTS SOUTH AFRICA (ASISA) INFORMED CONSENT DOCUMENT

YOU MUST READ THIS BEFORE THE TEST IS DONE. IF YOU HAVE ANY PROBLEMS UNDERSTANDING THIS, ASK THE NURSE OR LABORATORY ASSISTANT OR YOUR DOCTOR TO EXPLAIN IT TO YOU.

NOTE TO THE PERSON PERFORMING THE TEST

Some applicants may not be able to read the document below, as a result of blindness literacy or any other reason. There is an obligation on you to ensure that under these circumstances, the applicant has received the document, and consents to the test.

INTRODUCTION

This document contains the information that you have a right to be given before agreeing to be tested for HIV antibodies. The HIV antibody test (sometimes called an "AIDS test") is a test that will tell you whether or not you have been infected with HIV, the AIDS virus. Below we set out your rights with respect to this test, information about HIV and AIDS and the HIV test, and why the insurance company wants to test you for the HIV antibodies before it decides whether or not to grant you a life insurance policy.

WHAT ARE MY RIGHTS?

You have the following rights:

1. Not to be tested for the HIV/AIDS virus without your free and informed consent.
2. To be given all relevant information on the harms, risks and benefits of taking, or not taking the HIV test.
3. To refuse to take the test. If you do this, your application for the insurance may be denied. You may however wish to consider other alternatives such as special life products offered by some companies, endowment or other pure financial products. Consult your financial advisor.
4. To receive pre-test counselling, which is private and confidential, and which will inform you more about the test and its implications before you give consent. Should you in any way be unfamiliar with the issues involved, you are strongly advised to seek pre-test counselling. You are also within your rights to waive the personal pre-test counselling.
5. To have your test results treated confidentially. An abnormal test result will be made available to your doctor and this test result will also be stored on ASISA'S central database in an encoded form. This information can only be accessed by other insurance companies with your consent. You have the right to access this information to check that it is correct.
6. To one session of post-test counselling, if the test is reactive, at the expense of ASISA'S Office concerned. Counselling for any non-reactive test will not be at the expense of ASISA or laboratory concerned.

WHAT IS HIV (THE AIDS VIRUS)?

HIV is the virus that causes AIDS and is sometimes called "the AIDS virus". While infected with HIV, and before a person develops AIDS, he or she may feel well and healthy. During this time, the person may be able to infect other people with the virus.

WHAT IS AIDS?

AIDS is the name for a number of illnesses that develop as a result of being infected with HIV. The AIDS virus attacks the immune system and leaves it unable to fight various illnesses. More than half of people infected with HIV will get AIDS within ten years of infection. When you are sick with AIDS, you can usually no longer work. AIDS is a serious disease that eventually leads to death.

WHAT IS THE HIV TEST?

The HIV test checks your blood for antibodies to HIV. This test cannot tell you the date when you were infected. A sample of blood will be drawn from you. It will be sent to an accredited pathology laboratory, where it will be tested.

HOW DO I BECOME INFECTED WITH THE VIRUS THAT CAUSES AIDS?

Almost all cases of infection result from sexual intercourse. The AIDS virus is transmitted in this way from one person to another through semen and vaginal fluids. The AIDS virus can also be passed on to babies through the mother's blood or through breast-feeding. Although rare, the AIDS virus can be transmitted by contact with infected blood – for example, through blood transfusions and through sharing needles during drug use. Most cases of infection are transmitted either from men to women, or from women to men. Men and women of all ages, races and religious beliefs can be infected with the AIDS virus. Homosexual transmission also occurs.

IS THERE A CURE FOR HIV AND AIDS?

There is no known cure for HIV or AIDS. Modern medical science, as well as traditional healers, have searched for cures for the AIDS virus. So far these efforts have been unsuccessful. However, should you be HIV positive, by adopting a healthy lifestyle and having your HIV infection or AIDS managed properly by health care workers, you can greatly enhance your quality of life before AIDS sets in. It is therefore of utmost importance that you keep yourself both mentally and physically healthy in spite of being HIV positive. It is also possible that a cure might be found during this time.

WHY DO LIFE INSURANCE COMPANIES TEST FOR HIV?

Underwriting is the basis of assurance to ensure that each applicant pays a premium appropriate to the risk. The insurance company requires information from the applicant to help it assess the risk of granting the insurance and to establish an appropriate premium. Insurance companies screen applicants for serious diseases or habits that may affect their state of health. This may be done through questionnaires, medical examinations and other tests including a test for the AIDS virus.

IS THE TEST ALWAYS CORRECT? CAN THERE BE MISTAKES?

Even though the tests are very accurate, and are performed by registered laboratories they must be regarded as screening tests only and not diagnostic. If your test result shows that you may be infected with the AIDS virus, you can have this confirmed by having further tests done.

As with any biological test, a false positive result may occur in a small number of cases, i.e. the test shows positive when the person is not infected with the virus. This is not the fault of the laboratory or the insurance company, but the true HIV status of the person can be ascertained by doing further tests. The insurance companies and laboratories follow a strict protocol to eliminate potential mistakes. In order to minimize false positive results second and/or third line tests are performed on all first-line positive results.

WHAT DOES IT MEAN IF THE TEST IS NEGATIVE?

If your test result is negative, it means that you are not currently infected, but it does not mean that you may not become infected in the future. There is a period of one to six weeks after the infection before an HIV test will be positive.

Your risk of becoming infected is increased if you have more than one sexual partner or if you engage in unprotected sex. It is also important to get prompt treatment for other sexually transmitted diseases, e.g. syphilis and gonorrhoea that make you more susceptible to the AIDS virus.

WHAT DOES IT MEAN IF THE TEST IS POSITIVE?

If your test result is positive, it means that you may be infected with the AIDS virus and your application for insurance will be declined. All existing cover will remain valid unless periodical retesting for the AIDS virus is required. As from 1 January 2005 insurance companies may no longer have AIDS exclusion clauses on new business. Some insurance policies that were taken out before 1 January 2005 may have an AIDS exclusion clause. This means that if you develop any AIDS related illness, a claim will not be paid.

Existing policies that do not have an AIDS exclusion clause will not be invalidated as a result of the test results being positive. The implications of a positive test should be discussed with your doctor. It is shown that there was a false positive result, the company will reconsider a further application for insurance.

WHAT ARE THE HARMS AND RISKS OF THE HIV TEST?

Many people do not understand the facts about infection with the AIDS virus. This has led to people infected with the AIDS virus being stigmatized and isolated by their families and communities. A positive test can lead to difficulties in seeking housing bonds and employment, as well as medical and dental treatment. Psychological difficulties might also arise. For these reasons, the life insurance company concerned, as well as ASISA, will keep your test results confidential.

WHAT ARE THE BENEFITS OF THE HIV TEST?

If the test is non-reactive, this can reassure you and help you to make sure you do not become infected with the AIDS virus. A reactive test result, confirmed as positive, can offer an opportunity to get early treatment, to change your life plans and prevent infection of your sexual partners.

WHAT OTHER FINANCIAL OPTIONS ARE AVAILABLE IF THE APPLICATION IS REFUSED?

Alternative financial products are available to people who are infected with HIV. Some limited forms of insurance, as well as saving products (such as unit trusts) are available. If you test positive for HIV, you are advised to seek financial advice from a suitably qualified adviser.

NOTIFICATION OF TEST RESULTS

If your test result is negative:

Cover will be granted if all other requirements have been met.

If your test is positive:

A trained person should discuss the information with you so that you can understand clearly what the test result means.

Consequently it is of the utmost importance that you think carefully about the doctor who should receive the results. You will be advised to contact this doctor.

Please note that if you receive a letter to contact the nominated doctor, that this does not automatically mean that the AIDS test result is positive, as many other medical impairments may lead to the refusal of the insurance application. The doctor will be fully informed and will inform you accordingly.

FOR ANY FURTHER ASSISTANCE ON THIS MATTER, CALL THE AIDS HELP LINE: 0800-012-322.

The HIV testing information sheet is also available in the other 10 official languages. This can be downloaded from www.asisa.co.za