



PLACE BARCODE  
HERE



<b>INSURANCE COMPANY &amp; NO.</b>	<b>POLICY NO./ REFERENCE NO.</b>
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**A. APPLICANT DETAILS**

SURNAME TITLE & FIRST NAME I.D./PASSPORT NO. COUNTRY (PASSPORT) DATE OF BIRTH D D M M Y Y GENDER <input type="checkbox"/> M <input type="checkbox"/> F AGE EMAIL	POSTAL ADDRESS  PHONE NO (W) (H) CELL NO. 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
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**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. PARENT/GUARDIAN NAME	CONSENT SIGNATURE
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**C. POST-TEST COUNSELLING OPTIONS**

<input type="checkbox"/> <b>NOMINATED DOCTOR/CLINIC</b>	
NAME OF DOCTOR/CLINIC ADDRESS EMAIL ADDRESS	PRACTICE NO.
<input type="checkbox"/> <b>TELEPHONIC POST-TEST COUNSELLING BY A SPECIALISED COUNSELLOR</b>	
NUMBER TO CONTACT	PREFERRED TIME

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

1. I have read and understand all the information contained in the Informed Consent Document.
2. I consent to the collecting and testing of all specimen (blood, urine, sputum) taken.
3. 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 (positive) result to the doctor whom I have nominated above.
4. I understand that I may request a copy of my results by means of a written request to the insurance company.
5. I have read and understand the HIV information on the reverse of this form.
6. I understand that I should contact my nominated doctor for further information and counselling if required.
7. I understand that the Insurance Company will pay for one session of post-test counselling if my HIV test result is reactive (positive), but not for any confirmatory testing if required.
8. I understand that I have the right to request and receive a copy of this form.
9. I understand that detail of a reactive (positive) test result will be held by ASISA in confidential register.
10. The HIV test is only a screening test. If reactive (positive), further confirmatory testing should be done to confirm my status.
11. 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 HAVE 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 COLLECTING SPECIMENS FROM APPLICANT**

I declare that the person being tested for HIV has received the Informed Consent Document. The information provided by 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"/> DRIVERS LICENCE	OTHER FORMS OF ID ACCEPTED	CONFIRMED WITH
NAME			COLLECTION LOCATION	TEL. NO.
SIGNATURE			DATE D D M M Y Y Y Y	PRACTICE/HPCSA NO.
			COLL. TIME	ASISA PROTOCOL FOLLOWED <input type="checkbox"/> Y <input type="checkbox"/> N

**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"/> SMED Short Medical
<input type="checkbox"/> HIVI HIV	<input type="checkbox"/> GGT Gamma GT	<input type="checkbox"/> FBCE Blood Count, PLT, ESR	<input type="checkbox"/> NHR Nurses Health Report
<input type="checkbox"/> COT Cotinine	<input type="checkbox"/> ALP Alk. Phos	<input type="checkbox"/> CDT Carbohydrate Deficient Transferrin	<input type="checkbox"/> TBC Worksite Collection Fee
<input type="checkbox"/> TPHA TPHA	<input type="checkbox"/> ALT ALT (SGPT)	<input type="checkbox"/> HBA HbA1C	<input type="checkbox"/> BPR Blood Pressure Readings
<input type="checkbox"/> RPRO RPR or VDRL	<input type="checkbox"/> AST AST (SGOT)	<input type="checkbox"/> URMHC Urine Micro & Biochem	<input type="checkbox"/> BMI Body Mass Index
<input type="checkbox"/> HEPBSAG Hep. B s Antigen	<input type="checkbox"/> BILI Bilirubin	<input type="checkbox"/> URCHEM Urine Dipstick	OTHER TESTS
<input type="checkbox"/> HEPC Hep. C Antibodies (IgG)	<input type="checkbox"/> GLF Glucose Fasting	<input type="checkbox"/> MAU Microalbumin Urine	SME given to broker <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> CH Cholesterol	<input type="checkbox"/> GLR Glucose Random	SME faxed to underwriting <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> TG Triglyceride Fasting	<input type="checkbox"/> GTT2 GTT 2 Hours (Fasting & by appt.)	Faxed by:	
<input type="checkbox"/> HDL HDL	<input type="checkbox"/> ESR Sedimentation Rate	<input type="checkbox"/> FASTING <input type="checkbox"/> RANDOM	<input type="checkbox"/> BLOOD <input type="checkbox"/> URINE
<input type="checkbox"/> CR Creatinine	<input type="checkbox"/> PSA PSA		<input type="checkbox"/> SPUTUM <input type="checkbox"/> OTHER
<input type="checkbox"/> U Urea			

**G. AGENT/BROKER DETAILS**

NAME & SURNAME BRANCH DOCUMENT CODE	PHONE NO (W) BROKER NOTIFICATION CODE BROKER CODE (C)
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# THE ASSOCIATION OF SAVINGS AND INVESTMENTS SOUTH AFRICA (ASISA) HIV TESTING 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.

## WHAT ARE MY RIGHTS?

You have the following rights:

1. Not to be tested for the virus that causes AIDS (HIV) 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 insurance may be denied, if the insurer requires an HIV test as part of their risk assessment. You may however wish to consider other non-risk alternatives such as 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 have one of three options available for pre-test counselling;
  - a) Reading this information document.
  - b) Confidential counselling in your home language is available at no cost from 7 am to 7 pm weekdays on a toll-free call centre line at 0800 562 562. You are also within your rights to waive the personal pre-test counselling.
  - c) Personal pre-test counselling through selected laboratories in cosmopolitan areas. Please consult your broker/intermediary in this regard.
5. To nominate a doctor to receive reactive (positive) results. If you do not have a personal doctor to nominate to whom the test result should be given in case of a reactive (positive) result, you may nominate the above mentioned call centre for this purpose.
6. To have your test result treated confidentially. An abnormal test result will be made available to your doctor and this test result will also be stored on the ASISA central database in an encoded form. This information can only be accessed by other insurance companies with your consent. You also have the right to access this information to check that it is correct.
7. To one session of post-test counselling if the test is reactive (positive), at the expense of the Life Insurance company involved.

## 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 HIV virus.

## IS THE TEST ALWAYS CORRECT?

Even though the tests are very accurate, they must be regarded as screening tests only and not diagnostic. If your test result shows that you may be infected with HIV, 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 a positive result when the person is

not infected with the virus. This is not the fault of the laboratory or the insurance company, and 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 inaccurate results. In order to minimize positive results, further tests are performed on all initial positive results, before any results are communicated to the client.

## WHAT DOES IT MEAN IF THE TEST IS NEGATIVE?

If your test result is negative, it means that you are either not infected, or the infection is too recent for the test to detect its presence (window period). There is a period of four to six weeks after the infection before a 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 may also increase if you are an intravenous drug user sharing needles. 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 REACTIVE (POSITIVE)?

If your test result is reactive (positive), it means that you may be infected with HIV. You will be notified about the outcome of your policy application by the company involved. All your existing cover will remain valid. As from 1 January 2005, insurance companies may no longer have HIV/AIDS exclusion clauses on new business.

The implications of a reactive (positive) test should be discussed with your doctor. If it is shown that there was a false positive result, the company will reconsider a further application for insurance.

## NOTIFICATION OF RESULTS

**If your test result is negative:** Your application will be underwritten and the results communicated to you.

**If your test is positive:** A trained person should discuss the information with you so that you clearly understand what the test result means.

Consequently it is of the utmost importance that you think carefully who your nominated Doctor should be who receives the results. You will be advised to contact this doctor.

Please note that if you receive a letter to contact the nominated doctor, this does not automatically mean that the HIV test result is positive, as your doctor will be notified of any medical impairment that you are not aware of. The doctor will be fully informed and will inform you accordingly.

**FOR ANY FURTHER ASSISTANCE PLEASE CALL THE AIDS HELP LINE: 0800-012-322.**

The HIV testing information sheet is also available in the other 10 official languages.