Stanford Children's Health

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(Place patient label here)

1. I have read the handout entitled "What You Should Know About HIV".

2. I understand that my prenatal care provider is required by law to include HIV testing with standard prenatal lab testing. However, I am allowed to decline HIV testing.

Yes, I accept that blood be drawn for the HIV antibody test.

_____ _____
Signature Date

No, I decline that blood be drawn for the HIV antibody test.

_____ _____
Signature Date