



NAMIBIAN BREAST MILK BANK

(NON-PROFIT ASSOCIATION INCORPORATED UNDER
SECTION 21)

Reg no 2017/0323

HIV, TB, CMV, Hep.B/C Consent Form

Consent Form

I have been informed the HIV, TB, CMV, Hep.B/C test results are confidential and shall not be released without my written permission.

I understand that I have a right to have this test done without the use of my name.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given basic information on HIV and the testing process.

I have been given the opportunity to ask questions concerning the test for HIV antibodies, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV, TB, CMV ,Hep.B/C

Date:

Donor Signature:

Doctor/Counsellor: