

HIV Antibody Test Certificate of Accuracy

The following document may help you exercise your right to informed choice with regard to HIV testing.

By asking physicians to stand behind their recommendations for HIV testing, the certificate reveals their confidence in these procedures as well as their knowledge of the serious potential consequences of administering non-specific HIV tests. They also alert doctors to your understanding of the faults and risks of HIV tests and AIDS treatment drugs.

If your doctor is certain that HIV tests are accurate, reliable, and able to diagnose actual infection with HIV, s/he should agree to sign the certificates without hesitation and thereby give their professional endorsement of these procedures.

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Certificate of Accuracy
HIV Antibody Tests

Doctor/clinician instructions: Please fill out completely, initial each statement with which you agree, sign and date.

Name of patient:

Name of test:

As the doctor/clinician recommending or administering the test described above, I hereby verify with a reasonable degree of certainty that this test:

___ has been approved by the US Food and Drug Administration for the express purpose of diagnosing HIV infection;

___ has been validated for accuracy by the direct finding of whole, infectious HIV in the fresh, uncultured plasma of persons with HIV antibody positive results;

___ will indicate current, active infection with HIV in the patient being tested;

___ will not cross-react with antibodies produced in response to any of the following conditions thereby giving a false positive result:

Alcoholic hepatitis or alcoholic liver disease; alpha interferon therapy; antigenic stress from any non-HIV source; autoimmune disease; blood transfusion, candidiasis; cholera; cytomegalo virus; Epstein-Barr virus; exposure to nitrites; flu or flu vaccination; foreign semen; hemodialysis or renal failure; hemophilia; hepatitis A or hepatitis A vaccination; hepatitis B or hepatitis B vaccination; herpes simplex 1 or 2; high levels of circulating immune complexes; malaria; malignant neoplasms; mycobacterium avium; normal cellular proteins such as actin or myosin; normal human ribonucleoproteins; parasitic infections; pregnancy or prior pregnancy; retroviruses other than HIV; rheumatoid arthritis; tetanus vaccination; tuberculosis; upper respiratory tract infection; use of recreational or pharmaceutical drugs;

___ can be regularly reproduced with the same results by other qualified labs;

___ will not be influenced or interpreted based on any information in the patient's medical records including current or past recreational drug use; sexual history; current or past sexual orientation; ethnicity or nationality.

In addition, I hereby certify that due to the intense emotional trauma that may be caused by receiving a positive HIV test result and the potential risk of serious harm from pharmaceutical drugs used to treat HIV, if it is later discovered that I or my office gave the patient a false positive test result, or if the HIV antibody test being administered today proves to be non-specific, unreliable or inaccurate, that I would be liable for damages arising from the patient's emotional and/or physical suffering.

Name of office/clinic:

Name of physician/clinician:

Signature of physician/clinician:

Date

Signature of patient:

Date