



CAM PATH LAB

(A UNIT OF CAM HEALTH CARE PRIVATE LIMITED)
SCF 35, PHASE XI (SECTOR 65) MOHALI (PUNJAB)-160062
PHONE :0172-5122299 HELPLINE NO: 0172-2230000 (7 LINES)
Web: Campathlab.Com Email: Info@Campathlab.Com

HIV TEST PATIENT- CONSENT FORM

(To Be Taken On The Letter Head Of The Referring Doctor)

To,
The Pathologist,
Cam Path Lab .
SCF 35 Phase IX
Mohali - 160062

Bar Code : _____

Source Code _____

Serum Collection Date _____

Dear Sir/ Madam,

I am hereby sending serum sample of Patient _____

Age _____, (Male / Female) _____, for HIV Antigen / Antibody combo screening.

I confirm that the patient has been given the required pre test counseling for HIV.

Please do the needful.

Thanking you.

Your sincerely,

Signature _____
Name of the Doctor : _____
Place : _____
Date: _____

LAB USE ONLY
Accession _____
Date Received _____
Signature _____