

┌ Clinic / Doctor's Practise: [Klinik / Praxis:]



┌ Patient data: [Patientendaten:]

englisch

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date: am (Datum):

Dear patient, dear parents,

you/your child need/s a blood test including an HIV test.

This information is meant to be a preparation for the information talk with your doctor. During the talk the doctor will inform you in detail about the planned checkup and its possible risks and he will also answer all your questions. Hereafter, you can give your consent to the check up. After the talk you will be given a copy of the completed and signed form sheet.

REASONS FOR AN HIV TEST GRÜNDE FÜR EINEN HIV-TEST

During an HIV test the blood is usually checked with special laboratory tests to detect HIV antibodies and virus particles. Yet, it is also possible to detect infection in the saliva or urine.

The result will be there within a few days. In specific situations there can also be done the so-called HIV speed test where you can expect the results within about 30 minutes which nevertheless will have to be confirmed by further tests.

If there is a likelihood of an infection the HIV test should be performed for various reasons: the earlier you can start with a treatment in case of a positive test result the better are the chances of success with a therapy. The illness can't be cured but the progress of the illness can be noticeably slowed down in many cases sometimes even stopped with an appropriate treatment.

Furthermore, HIV infected people can pass on the viruses via their body fluids for example blood or sperma to other people (sexual partner, doctors, nurses). That's why it is important to make this test as soon as possible should there be a suspicion of an infection in order to avoid endangering third parties.

Pregnant women might pass on the virus to their children during birth. With an antiviral treatment the risk of passing on the virus in the womb or during birth will be lowered noticeably.

PROCEDURE OF THE CHECKUP ABLAUF DER UNTERSUCHUNG

For the blood extraction a vein is punctured usually in the crook of the arm. Then the puncture side has to be compressed for some minutes to avoid after-bleeding.

In some cases, for example if the veins are hardly visible, more than one puncture might be necessary to get a sufficient amount of blood for the check up.

The results of the check up are subject to medical confidentiality. Nevertheless, it is obligatory to report an HIV infection anonymously to the federal Institute for infectious diseases.

FOLLOW- UP OF AN HIV TEST FOLGEN EINES HIV-TESTS

As a rule, the HIV test is a highly reliable procedure to either confirm or exclude a possible infection.

Despite correctly performed tests there might turn up negative results which are not correct, that means a test that first appears to be negative turns out to be positive. This is due to the fact that HIV antibodies can often only be detected in the blood after several weeks to months after the HIV infection. That's why a repetition of the tests are recommended if, despite the negative result, it is very likely that there is an HIV infection.

Since at an HIV test also wrongly positive results can't be excluded a positive test result is always ensured through a confirmation test.

In case of a positive test your doctor will explain to you the further procedure. In addition, there are numerous self- help groups and facilities for the people affected.

RISKS, POTENTIAL COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is generally known that any medical surgery entails some risks. The blood extraction, though, is a low risk routine procedure. Your doctor will inform you in detail about risks during the talk. Nevertheless, you can renounce detailed information. In that case, you may skip the chapters on risks and confirm this at the end of the information talk.

Due to **haematoma** in the area of the punctured vein hard and painful swellings might occur. They usually disappear within days or weeks without any treatment necessary. Due to the puncture of the vein, irritation or damaging of blood vessels and/or nerves with possible lasting functional limitations might occur.

Allergic reactions, such as an intolerance reaction to disinfectants or latex can cause a rash, itching, swelling, nausea and cough. Serious reactions such as breathlessness, cramps, rapid heartbeat or life-threatening circulatory shock are rare. Due to the reduced circulation, there might occur temporary or

permanent damage to organs such as brain damage, paralyzing and kidney failure.

Only in very rare cases **blood clots** may form and cause a vascular occlusion. These blood clots may also shift and block blood vessels of other organs (embolism). In such a case a stroke, **kidney failure requesting dialysis** or **lung embolism** with permanent damages might occur.

Infections in the area of the puncture on the vein with an abscess, dying of tissue or vein inflammation are rare. In most cases such infections can easily be treated with antibiotics. A not manageable infection might lead to a life-threatening blood poisoning (sepsis).

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Heparin, Marcumar®,
 Plavix®, Ticlopidin, Clopidogrel.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel.

Any other: _____

Sonstiges:

When did you take the last dose? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Are you pregnant? not certain nicht sicher yes no

Besteht eine Schwangerschaft?

Are you currently breast feeding? yes no

Stillen Sie?

Do you have an emergency card or a blood-group card?

If so, please bring it with you. yes no

Haben Sie einen Notfallausweis oder einen Blutgruppen-Pass? Wenn ja, bitte mitbringen.

Have you ever received a blood transfusion? yes no

Haben Sie schon einmal eine Bluttransfusion erhalten?

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____

Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herz-rhythmusstörungen, Herzmuskulenzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck.

Any other: _____

Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Sonstiges:

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

(If certain answers are preselected, please correct them if anything has changed.)

Medical documentation of the information talk

Ärztl. Dokumentation zum Aufklärungsgespräch

(will be completed by the doctor) Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, Konsequenzen eines positiven HIV-Tests) habe ich den Patienten im Gespräch näher informiert:

Capability of independent consent

Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making a decision on the recommended check up and of giving his consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über die empfohlene Untersuchung zu treffen und seine/ihre Einwilligung zu erteilen.
- The patient is represented by a carer, respectively the child by the parents/ guardian. This person is entitled to making a decision on behalf of the patient.
Der/Die Patient/in wird von einem Betreuer mit einer Betreuungsurkunde bzw. das Kind von seinen Eltern/einem Elternteil oder einem Vormund vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.

City, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]
Unterschrift der Ärztin / des Arztes

Rejection of patient/ parents

Ablehnung Patientin/Patient/Eltern

Mr./Ms. _____ informed me in detail about the suggested check- up and the resulting negative effects due to my rejection. I understood the information relating to this and hereby reject the suggested HIV test.

Frau/Herr Dr. ___ hat mich/uns umfassend über die Untersuchung und über die sich aus meiner/unserer Ablehnung ergebenden Nachteile aufgeklärt. Ich/wir habe/n die diesbezügliche Aufklärung verstanden und lehne/n den vorgeschlagenen HIV-Test ab.

place, date, time [Ort, Datum, Uhrzeit]

signature of patient/ parent/ carer/ guardian/ witness

[Unterschrift Patientin / Patient / Eltern*/ Betreuer / Vormund / ggf. des Zeugen]

Declaration and consent of the patient/ parents

Erklärung und Einwilligung Patientin/Patient/Eltern

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I/we, hereby, declare that I/ we have understood all parts of the information talk. The information sheets (3 pages) I/we have read completely. During the talk with Ms./ Mr. Dr. _____ I/we were informed in detail about the procedure of the planned check-up, its risks, complications and side effects in my special case/ in the special case of our child.

Ich/Wir bestätige/n hiermit, dass ich/wir alle Bestandteile der Patienten-aufklärung verstanden haben. Diesen Aufklärungsbogen (3 Seiten) habe/n ich/ wir vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. _____ wurde/n ich/ wir über den Ablauf der geplanten Untersuchung, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall/ im speziellen Fall unseres Kindes umfassend informiert.

- I/ we renounce deliberately detailed information. I declare that, nevertheless, the doctor in charge informed me about the necessity of the check- up its kind and extend as well as possible risks.

Ich/Wir verzichte/n bewusst auf eine ausführliche Aufklärung. Ich/Wir bestätige/n hiermit allerdings, dass ich/wir von dem behandelnden Arzt über die Erforderlichkeit der Untersuchung, deren Art und Umfang sowie über den Umstand, dass die Untersuchung Risiken birgt, informiert wurde/n.

I/we assure that I/we have no further questions and do not need further time for consideration. I/we agree with the suggested check- up. The questions as to my anamnesis /anamnesis of our child I/we have answered in all conscience.

Ich/Wir versichere/n, dass ich/wir keine weiteren Fragen habe/n und keine zusätzliche Bedenkzeit benötige/n. Ich/Wir stimme/n der vorgeschlagenen Untersuchung zu. Die Fragen zu meiner Krankengeschichte/ der Krankengeschichte (Anamnese) unseres Kindes habe/n ich/wir nach bestem Wissen vollständig beantwortet.

I/ we assure that I/ we are capable of following medical advice.
Ich/Wir versichere/n, dass ich/wir in der Lage bin/sind, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s)

[Unterschrift Patient/in/Eltern*/Betreuer/Vormund]

Copy/Kopie: received/erhalten
 waived/verzichtet

Signature of patient/legal guardian(s)
[Unterschrift Patient/in/Eltern/Betreuer/Vormund]

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.