

HPV TESTING CONSENT FORM

The American College of OB/GYN has recommended that all women over 30 years of age have both a Pap Smear cervical cell cancer screening test and DNA/HPV testing.

The Human Papilloma Virus or HPV is the cause of cervical cancer. Women over 30 years of age with a normal pap smear but who test positive for HPV are at a higher risk of cervical cancer than women who test negative for HPV.

For women with a negative pap smear and a positive HPV test, more frequent pap smear testing is suggested. Your health care provider will help determine the frequency of testing.

Please be advised that some insurance companies may not cover the additional test for HPV. If they do not cover the charges, you will be responsible for any additional lab charges incurred.

Please see the attached fact sheet for a detailed explanation of the 2004 ACOG guidelines and further information about HPV testing.

Please sign below to agree to or refuse the HPV test:

I agree to HPV testing and understand I will be responsible for any additional charges incurred from the lab.

Signature

Date

I refuse HPV testing at this time and understand that without this recommended testing my Health Care provider will not be able to advise me of any increased risk of cervical cancer due to the unknown status of HPV.

Signature

Date