

## PATHOLOGY REQUEST

(To be completed by the life insured)

### 1. Life insured's details

Policy no. \_\_\_\_\_ Identity no. \_\_\_\_\_  
 Name of insured \_\_\_\_\_

### 2. Test required for insurance purposes

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HIV                                 | <input type="checkbox"/> HIV & cotinine            | <input type="checkbox"/> Gamma GT                 |
| <input type="checkbox"/> ALT (SGPT)                          | <input type="checkbox"/> AST (SGOT)                | <input type="checkbox"/> Random cholestrol & HDL  |
| <input type="checkbox"/> Random glucose                      | <input type="checkbox"/> Prostate-specific antigen | <input type="checkbox"/> Fasting cholestrol & HDL |
| <input type="checkbox"/> Micro and chemical urinalysis (MCU) | <input type="checkbox"/> HBA1c                     | <input type="checkbox"/> Fasting glucose          |
| <input type="checkbox"/> Full blood count                    | <input type="checkbox"/> Micro albumin (MAU)       | <input type="checkbox"/> Serum creatinine         |
| <input type="checkbox"/> C-reactive protein (CRP)            | <input type="checkbox"/> ESR                       | <input type="checkbox"/> Serum urea               |
| <input type="checkbox"/> Cotinine                            | <input type="checkbox"/> Other _____               |   |

Account to be settled by:  Hollard Life **Signature** \_\_\_\_\_  
 Client (life insured)

### 3. Identification of applicant for all pathological tests

NB: Please remember to take your identity document along when going for the test.

Identity no. \_\_\_\_\_  
 Name of person being tested \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
**Signature** (person tested) \_\_\_\_\_

### 4. Declaration by medical attendant

Name of person drawing sample \_\_\_\_\_  
 Address \_\_\_\_\_ Practice no. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare that the persons being tested has received the relevant consent document, that I have verified the identity of the applicant and that he/she has freely consented to having the sample drawn and tested for HIV antibodies.

In compliance with the provisions of the ASISA HIV Testing Protocol, I have inspected the following document to verify the identity of the applicant:

- |   |   |
|---|---|
| <input type="checkbox"/> Valid South African ID       | <input type="checkbox"/> Valid temporary South African ID |
| <input type="checkbox"/> Valid South African passport | <input type="checkbox"/> Card-type driver's license       |

**Signature** (person drawing sample) \_\_\_\_\_ **Date**

D	D	M	M	Y	Y	Y	Y
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## 5. ASISA HIV Testing Information Sheet

If you have any problem understanding this document, ask the nurse, laboratory assistant or doctor to explain it to you.

### What are my rights?

You have the following rights:

- 5.1 **Not to be tested** for the virus that causes Aids (HIV) without your free and informed consent.
- 5.2 **To be given all relevant information on the harms, risks and benefits** of taking, or not taking, the HIV test.
- 5.3 **To refuse to take the test.** If you do this, your application for insurance may be denied if the insurer requires an HIV test as part of its risk assessment.  
  
You may, however, wish to consider other non-risk alternatives such as endowment or other pure financial products. Consult your financial advisor.
- 5.4 **To receive pre-test counselling**, which is private and confidential, and which will inform you more about the test and its implications before you give consent. Should you in any way be unfamiliar with the issues involved, you are strongly advised to seek pre-test counselling. You have one of three options available for pre-test counselling:
  - a. Reading this information document  
  
Confidential counselling in your home language, which is available at no cost from 7 am to 7 pm weekdays on a toll-free call centre line at 0800 562 562; you are also within your rights to waive the personal pre-test counselling
  - b. Personal pre-test counselling through selected laboratories in cosmopolitan areas; please consult your broker/intermediary in this regard.
- 5.5 **To nominate a doctor to receive reactive results.** I do not have a personal doctor to nominate to whom the test result should be given in case of a reactive result, you may nominate the above-mentioned call centre for this purpose.
- 5.6 **To have your test result treated confidentially.** An abnormal test result will be made available to your doctor and this test result will also be stored on the ASISA central database in an encoded form. This information can only be accessed by other insurance companies with your consent. You also have the right to access this information to check that it is correct.
- 5.7 **To one session of post-test counselling if the test is reactive**, at the expense of the Life company involved.

### Why do life insurance companies test for HIV?

Underwriting is the basis of assurance to ensure that each applicant pays a premium appropriate to the risk. The insurance company requires information from the applicant to help it assess the risk of granting the insurance and to establish an appropriate premium. Insurance companies screen applicants for serious diseases or habits that may affect their state of health. This may be done through questionnaires, medical examinations and other tests, including a test for the HIV virus.

### Is the test always correct?

Even though the tests are very accurate, they must be regarded as screening tests only and not diagnostic. If your test result shows that you may be infected with HIV, you can have this confirmed by having further tests done.

As with any biological test, a false positive result may occur in a small number of cases, i.e. the test shows a reaction when the person is not infected with the virus. This is not the fault of the laboratory or the insurance company, and the true HIV status of the person can be ascertained by doing further tests. The insurance companies and laboratories follow a strict protocol to eliminate potential inaccurate results. In order to minimise false positive results, further tests are performed on all initial positive results, before any results are communicated to the client.

### What does it mean if the test is negative?

If your test result is negative, it means that you are either not infected, or the disease is in too early a stage for the test to detect its presence (window period). There is a period of one to six weeks after the infection before an HIV test will be positive.

Your risk of becoming infected is increased if you have more than one sexual partner or if you engage in unprotected sex. It may also increase if you are an intravenous drug user sharing needles. It is also important to get prompt treatment for other sexually transmitted diseases, e.g. syphilis and gonorrhoea, that make you more susceptible to the Aids virus.

Initials (life insured)

## What does it mean if the test is positive?

If your test result is positive, it means that you may be infected with HIV. You will be notified about the outcome of your policy application by the company involved. All your existing cover will remain valid. As from 1 January 2005, insurance companies may no longer have HIV/Aids exclusion clauses on new business.

The implications of a positive test should be discussed with your doctor. If it is shown that there was a false positive result, the company will reconsider a further application for insurance.

## 6. Notification of results

### If your test result is negative:

Your application will be underwritten and the results communicated to you.

### If your test is positive:

A trained person should discuss the information with you so that you can understand clearly what the test result means.

Consequently, it is of the utmost importance that you think carefully about the doctor who should receive the results. You will be advised to contact this doctor.

Please note that if you receive a letter to contact the nominated doctor, this does not automatically mean that the HIV test result is positive, as your doctor will be notified of any medical impairment with which you are not aware. The doctor will be fully informed and will inform you accordingly.

**FOR ANY FURTHER ASSISTANCE ON THIS MATTER, CALL THE AIDS HELP LINE: 0800 012 322.**

The HIV testing information sheet is also available in the other 10 official languages. Click on the links below to download:

- Afrikaans
- Zulu
- Xhosa
- Ndebele
- Venda
- Swati
- Sesotho
- Sepedi
- Tsonga
- Tswana

Informed consent to HIV testing (need only be completed if an HIV test is done)

- a. I understand the information contained in the ASISA HIV testing information sheet, or provided by the call centre or personal pre-test counselling service.
- b. I freely consent to collection of a blood sample from me.
- c. I freely consent to the testing of that blood.
- d. I understand that the results of my tests will be kept confidential, except for the disclosure of any reactive result to the doctor or institution who I have named below.
- e. I have read the information on this form about what a test result means.
- f. I understand that I should contact my nominated doctor for further information and counselling if required.
- g. I understand that the Life Company involved will pay for one session of post-test counselling with a doctor of my choice, if
- h. I desire it, and if the test result is positive.
- i. I understand that I have the right to request and receive a copy of this form.
- j. I understand that details of a positive test result will be held confidentially by the ASISA on its register.
- k. I hereby confirm that all my questions and queries were answered satisfactorily.

Name of nominated doctor/clinic \_\_\_\_\_

Address \_\_\_\_\_

I elect to receive reactive test results and post-test counselling through the ASISA-approved call centre YES  NO

I prefer to be contacted by the call centre on the following no \_\_\_\_\_

I am a participant in an HIV vaccine trial YES  NO

If YES, supply your vaccine trial identification no. \_\_\_\_\_

Initials (life insured)

**Please take note of the following Hollard disclosures**

**Protection of Personal Information Act (POPIA)**

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

**Financial Intelligence Centre Amendment Act (FICAA)**

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

**Signature**  
**(life insured)**

\_\_\_\_\_

**Date**

D	D	M	M	Y	Y	Y	Y
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