

DEPARTMENT

Address
Borough, NY 10000

CONSENT FORM

- I have been told about the use of Raltegravir Potassium and Emtricitabine- Tenovir as post-exposure prophylaxis to prevent infection with the Human Immunodeficiency Virus (HIV) the virus that causes AIDS after significant exposure to the blood or body fluids of a person who is known or is likely to be infected with HIV.
- I have sustained such an exposure and request prophylactic treatment.
- I understand that prophylactic treatment with Raltegravir Potassium and Emtricitabine- Tenovir may cause side-effects such as anemia, leukopenia (low white blood cell count), headache, nausea, vomiting, insomnia and muscle pain. Other antiretrovirals may also cause side-effects. I understand that these side-effects should be discussed with the prescribing physician.
- I understand that pregnancy, breast-feeding, other medical problems such as Kidney or liver disease, or the regular use of any medication should be discussed with this physician.
- I agree to take the medication as prescribed and to appear for periodic evaluations as scheduled by this physician during and after treatment.

Signed: _____

Witness: _____

Date _____