



- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY

Members of American International Group, Inc.

In this form, the "Company" refers to the insurance company whose name is checked above.

The insurance company checked above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company shown is responsible for such obligations or payments.

**Notice and Consent Form for Blood, Oral Fluid and/or Urine Specimen
Testing to Determine the Probable Causative Agent for AIDS**

Proposed insured

Address

Dear Proposed Insured:

To evaluate eligibility for insurance coverage, it is requested that a sample of blood, oral and/or urine specimen be provided in order that it may be tested to determine the probable causative agents of AIDS. Signing this form indicates that the procedure used in implementing this test has been explained and has been shown to be in full compliance with the protocol currently adopted by the Commissioner of Public Health for the District of Columbia. Additionally, by signing and dating this form, it is agreed that this test may be performed and that underwriting decisions will be based on the test results.

Pre-Testing Consideration

Many public health organizations have recommended that before taking a test to determine the probable causative agents of AIDS, a person should seek counseling in order to become informed concerning the implications of such a test. In the event the test result is positive, one may wish to consider counseling, at his or her expense, subsequent to being tested. A listing of those public and private health care facilities providing such counseling may be obtained from the insurance companies.

No insurer shall request or require you to take the testing protocol without first obtaining your or your legal guardian's signature on this consent form. You have the right to decide not to be tested and not to sign this form. Once the insurance company has asked you to sign this consent form, you or your legal guardian may wait 14 days before signing this informed consent.

Disclosure of Test Results

All test results and the fact that a test occurred will be treated confidentially. The results of the test will be reported to the Insurer identified on this form; the applicant or his or her legal guardian; or a physician or health care provider designated on this form by the applicants; a court of competent jurisdiction pursuant to a lawful court order; and any person or entity involved solely in the underwriting process; and any other person or entity expressly named in a separate written authorization signed by the applicant. Results of the test shall not be otherwise disclosed.

District of Columbia Notice and Consent Form continued

Physician

or

Health Care Provider

Meaning of Positive Test Results

Positive test results may adversely affect your application for insurance. This means that your application may be declined, an increased premium may be charged or other changes may be necessary.

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A certified true photocopy of this form will be as valid as the original.

Notice of Right to Appeal

We are required by law to provide you with the following information:

A named proposed insured who tests positive under this testing protocol certified by the Commissioner of Public Health may appeal to the Commissioner of the Department of Insurance and Securities Regulation to review the testing procedure and result, and may present additional medical evidence, including the result of similar tests for exposure to the probable causative agent of AIDS that the named insured independently obtains, to rebut the positive test result. The Commissioner of the Department of Insurance and Securities Regulation can be reached at the following address: 810 First Street, N.E., Suite 701, Washington, D.C. 20002.

Date

Signature of Proposed Insured or Parent/Guardian

AIDS Testing Protocol

An individual shall be considered as having been exposed to the Human Immunodeficiency Virus (HIV) if they test positive in both enzyme immunoassay and a Western Blot assay.

Definitions

Enzyme Immunoassay (EIA) means a test licensed by the Federal Food and Drug Administration conducted in accordance with the manufacturer's specifications. EIA tests for examination of serum or plasma, oral fluid, or urine are licensed by the Food and Drug Administration. The EIA must be performed by a laboratory licensed by the U.S. Department of Health and Human Services (or by an equivalent state Department of Health) and enrolled in an approved proficiency evaluation program.

EIA Interpretation: a single test of a specimen found non-reactive is reported as **negative** for HIV infection and no further tests are indicated. A test found reactive is repeated on the same specimen in duplicate, if either of the two duplicates is found reactive the specimen is referred for Western Blot assay.

Western Blot Assay (WB) means an assay licensed by the Food and Drug Administration conducted in accordance with the manufacturer's specifications. WB tests for examination of serum or plasma, oral fluid, or urine are licensed by the Food and Drug Administration. The WB must be performed on the same specimen found reactive in the EIA by a laboratory licensed by the U.S. Department of Health and Human Services (or by an equivalent state Department of Health) and enrolled in an approved proficiency evaluation program.

WB Interpretation: criteria for **positive** serum or plasma, oral fluid, or urine WB tests are established by the FDA in consultation with the Federal Centers for Disease Control and the Association of State and Territorial Public Health Laboratory Directors. Tests with no WB antibody to HIV are reported as **negative**. Tests with the antibodies which do not meet the criteria for positive are reported as **indeterminate**. Indeterminate findings require follow-up medical and laboratory examinations.

Proportion of False Positive Results Expected With This Protocol

According to the Centers for Disease Control and Prevention clinical data submitted by the manufacturers of Human Immunodeficiency Virus (HIV) antibody tests to the Food and Drug Administration (FDA) for licensure indicate that sensitivity and specificity of tests currently marketed in the United States are greater than 99%.

All blood, oral fluid and urine protocols licensed by the FDA follow the same test algorithm: specimens are tested singly by Enzyme Immunoassay (EIA) and if found reactive are retested in duplicate. If either duplicate is reactive, the specimen is considered repeatedly reactive and is submitted for Western Blot (WB) test. Specimens found reactive by WB are reported as positive for HIV antibodies. Although a positive WB indicates infection with HIV, a diagnosis of Acquired Immunodeficiency Syndrome (AIDS) can only be made clinically if a person meets the case definition of AIDS established by the Centers for Disease Control and Prevention⁽¹⁾.

Data shows that the specificity of this EIA-WB test algorithm in a population of low prevalence is equal to, or greater than, 99.9%⁽²⁾. Thus the achievable false-positive rate of sequentially performed EIA-WB tests can be less than 0.1% or less than 1/1,000 persons tested.

References

1. *Centers for Disease Control.* (1992). 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. *Mortality and Morbidity Weekly Report*, Volume 41: RR-17.
2. *Centers for Disease Control.* (1989). Interpretation and use of Western Blot assay for serodiagnosis of Human Immunodeficiency Virus Type 1 infections. *Morbidity and Mortality Weekly Report*, Volume 38: S-7.

HIV Antibody Testing Counseling Referrals

Clinica Pueblo
1470 Irving Street, NW
Washington, D.C. 20010
462-4788

Anonymous
Comprehensive pre- and post-test counseling.
Free
Walk-in and appointments
Results in 10 days

Planned Parenthood
1108 16th Street, NW
Washington, D.C. 20036
347-8512

Anonymous
Comprehensive pre- and post-test counseling.
\$40
Appointment required
Results in 72 hours to 1 week

Southwest Health Center
850 Delaware Avenue, SW
Washington, D.C. 20024
727-3611

Anonymous
Counseling is by a physician or a counselor.
Free
Walk-in and appointments
Results in 2 weeks

Washington Free Clinic
1525 Newton Street, NW
Washington D.C., 20010
667-1106

Anonymous
Comprehensive pre- and post-test counseling.
Free
Walk-in and appointments
Results in 1 week

Whitman-Walker Clinic
1407 S. Street, NW
Washington, D.C. 20009
332-5295

Anonymous
Comprehensive pre- and post-test counseling, as well as short-term
(up to 8 sessions). Crisis intervention oriented post-test counseling.
Free, although donation requested.
Appointment required.
Results in 48 hours or 1 week (depending on appointment schedule).