

**Texas Christian University
BROWN LUPTON STUDENT HEALTH CENTER
STD/STI TESTING CONSENT FORM**

Name _____

Cell Phone# _____

May we leave a message on this phone? **Y N**

E-Mail Address _____@tcu.edu

May we email you? **Y N**

I am interested in getting tested for sexually transmitted diseases (STD) / sexually transmitted infection (STI). I am not having any symptoms today. I understand that I can see a medical provider for a consultation and/or examination, but I prefer to only have laboratory testing done at this time. You may elect to have a partial STD/STI screen or the full STD/STI screen.

Partial STD/STI testing

Gonorrhea/Chlamydia	\$50.00
HIV test	\$60.00
Syphilis	\$11.90
Herpes Simplex	\$30.53

Full STD/STI testing

Gonorrhea/Chlamydia	\$50.00
HIV	\$60.00
Herpes Simplex	\$30.53
Syphilis	\$11.90

Total Charge \$152.43

The above prices quoted are when the clinic bills your student account or the TCU student insurance.

Please select one of the following test options:

YES NO I would like to be tested for Gonorrhea/Chlamydia only, and I understand this is considered partial testing.

YES NO I would like to be tested for HIV only, and I understand this is considered partial testing.

YES NO I would like to have the full STD/STI screen today. I understand this selection includes testing for Gonorrhea/Chlamydia, HIV, Herpes and Syphilis.

For testing purpose please write in the time you last urinated. Time urinated: _____

Please initial the following statements and provide your signature below:

____ I understand I will not see a medical provider today and I am here for asymptomatic STD/STI testing only.

____ I understand that my student account or student insurance will be billed for today's laboratory charges, unless I elect to pay with cash today.

____ I understand that additional charges may be incurred to properly diagnose.

SIGNED _____ **DATE** _____