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.

<table>
<thead>
<tr>
<th>Partial STD/STI testing</th>
<th>Full STD/STI testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea/Chlamydia</td>
<td>$50.00</td>
</tr>
<tr>
<td>HIV test</td>
<td>$60.00</td>
</tr>
<tr>
<td>Syphilis</td>
<td>$11.90</td>
</tr>
<tr>
<td>Herpes Simplex</td>
<td>$30.53</td>
</tr>
<tr>
<td></td>
<td>$152.43</td>
</tr>
</tbody>
</table>

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 ______________________

06/18