



Name: \_\_\_\_\_  
 UIN: \_\_\_\_\_  
 DOB: \_\_\_\_\_

### STI HIV/RPR: Throat Swab Patient Consent

**I consent to having the following test(s) done today. Please check the corresponding box(es).**

**Blood test:**

- HIV**
- RPR**

STIs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, syphilis, and HIV. Many of these STIs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex.

**Chlamydia/Gonorrhea (Swab test):**

- Throat Swab**

Note: Gonorrhea and Chlamydia can be transmitted through multiple parts of the body. We recommend testing ALL areas of risk, **including throat and rectal/anal swabs**, if you have had oral or rectal/anal sex.

**I understand that I am here for screening for sexually transmitted infections. I voluntarily consent to testing done today. I am aware that my will be released to medical staff for tracking of reportable diseases and treatment if needed. I am aware of and acknowledge that no guarantees have been made to me regarding the results of screening treatment at Texas A&M University - Student Health Services.**

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Patient Signature 11/03/2021  
 Date



Name: \_\_\_\_\_  
UIN: \_\_\_\_\_  
DOB: \_\_\_\_\_

**STI Urine Collection: Rectal/Anal Swab Patient Consent**

**I consent to having the following test(s) done today. Please check the corresponding box(es).**

**Chlamydia/Gonorrhea (Urine test):**

- Urine Collection**
- Rectal/Anal Swab**

Note: Gonorrhea and Chlamydia can be transmitted through multiple parts of the body. We recommend testing ALL areas of risk, **including throat and rectal/anal swabs**, if you have had oral or rectal/anal sex

**I understand that I am here for screening for sexually transmitted infections. I voluntarily consent to testing done today. I am aware that my will be released to medical staff for tracking of reportable diseases and treatment if needed. I am aware of and acknowledge that no guarantees have been made to me regarding the results of screening treatment at Texas A&M University - Student Health Services.**

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**Patient Signature** **11/03/2021**  
**Date**