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Quality Screening Mobile Lab Mobile Phlebotomy Consent Form

Patient Information:

- Full Name: _____Date of Birth: _____
- Address: _____ Phone Number: _____

I, the undersigned, hereby consent to undergo phlebotomy services provided by Quality Screening Mobile Lab at the abovestated address or location. I understand that phlebotomy involves the collection of blood specimens for diagnostic testing, and I voluntarily consent to this procedure.

I acknowledge that I have been informed of the following:

- 1. Purpose: The purpose of the phlebotomy is for diagnostic testing as deemed necessary by my healthcare provider.
- 2. Procedure: The procedure involves the insertion of a needle into a vein to collect blood specimens. The procedure will be performed by a trained phlebotomist.
- 3. Risks: While phlebotomy is generally safe, risks may include discomfort, bruising, bleeding, infection, or, rarely, nerve injury or fainting.
- 4. Confidentiality: My personal health information will be kept confidential and will only be disclosed as required by law or with my consent.
- 5. Alternatives: I understand that there may be alternative methods for diagnostic testing, and I have discussed these options with my healthcare provider.



Select an object to format.