VSS

VenaStixSTAT

Patient Consent

Patient Name: _____

Date of Birth: _____

Purpose of Procedure

I understand that venipuncture invloves inserting a sterile needle into a vein to collect a blood sample for laboratory testing, diagnosis, or monitoring of my health condition.

Procedure Description

* A trained healthcare professional will clean the skin with an antiseptic.
* A sterile needle will be inserted into a vein, usually in the arm or hand.
* Blood will be collected into one or more tubes.
* The needle will be removed and pressure will be applied to stop any bleeding.

Possible Risks and Discomforts

I understand that possible risks include:

* Mild pain or discomfort at the puncture site
* Bruising or bleeding
* Lightheadedness or fainting
* Rarely, infection or nerve injury

Benefits

The results of this test may help in diagnosing, monitoring or treating my medical condition.

Patient Rights

* I may refuse this procedure at any time before it begins.
* I may ask questions and receive clear answers before consenting.
* My personal health information will be kept confidential in accordance with applicable laws.

Consent Statement

I have read and understood the information above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction, I voluntarily consent to the venipuncture procedure to be performed by a VenaStixSTAT representative.

Patient / Guardian Signature: _____ **Date:** _____

VenaStixSTAT Representative Signature: _____ **Date:** _____