

Phlebotomy Consent Form

The purpose of this consent form is to inform students about the phlebotomy procedures performed in student laboratories in Wenatchee Valley College’s Medical Laboratory Technician Program, and to help them make an informed decision about participating in the exercises.

The following procedures are performed at WVC:

1. **Phlebotomy** – the inserting of a needle into the arm of another person for the purpose of withdrawing blood.

2. **Finger Stick** – the inserting of a lancet into the finger of another person for the purpose of withdrawing blood.

**Risks Associated with Phlebotomy and Finger Sticks**

While rare, there are risks associated with phlebotomy and finger sticks.

Risk from having blood drawn:

* Development of a hematoma at the site of venipuncture. This risk is minimized with good venipuncture technique and by maintaining appropriate pressure for an adequate time period at the site of the venipuncture.
* Drop in blood pressure so that you may feel dizzy and even possibly faint. It is important that you notify the phlebotomist if you feel any adverse symptoms at all during the procedure so that the venipuncture can be immediately stopped and appropriate action taken.

Risk to the blood drawer:

* The main risk is transmission of communicable disease, i.e. HIV, Hepatitis C and Hepatitis B, in handling body fluids and needles. This risk is minimized by adhering to universal precautions, which are taught in the medical laboratory technician program. It is a risk common to all health care professionals.

**Benefits of Student Practice**

Phlebotomy is a practice that will be required of medical laboratory technician students in their clinical rotations, therefore the more practice students have before getting to their clinical sites the better they will be prepared for drawing real patients. Students generally find it easier to practice on each other rather than on real patients. Phlebotomy is an acquired skill and needs lots of practice to master.

**Make one check in each of the following boxes.**

* I agree to perform phlebotomy/finger sticks on another student.
* I **do not** agree to perform phlebotomy/finger sticks on another student.
* I agree to have another student perform phlebotomy/finger sticks on me.
* I **do not** agree to have another student perform phlebotomy/finger sticks on me.

*If you have any questions about phlebotomy, you may ask your instructor before completing this form.*

*Students are* ***required*** *to perform these exercises on others but are not required to have these exercises performed on them. Students will not be penalized if they do not consent to having these exercises performed on them. Students have seven days to complete this consent form.*

*If students wish to withdraw from performing phlebotomy and finger sticks after beginning to do them, they will need to fill out and submit a new phlebotomy consent form.*

*All information regarding this form will be kept confidential.*

**Informed Consent**

As a student of Wenatchee Valley College, I am aware of the possible risks and benefits associated with phlebotomy and finger stick procedures. I agree to abide by the safety rules and regulations promulgated by the college and instructors as they relate to my participation in these procedures. I have made the program director and the appropriate instructor aware of any pre-existing condition (such as seizure disorder, bleeding disorder, etc.) that I have that might put me or others at risk through my participation. I have read and understand the terms of this agreement and I hereby consent to the choices I have made above as my own free act.

*If the student is under 18 years of age, and not an emancipated individual, you must complete this form and it must be signed by a custodial parent or guardian.*

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Care and Financial Responsibility**

In the event of an accident or medical emergency, it is the student’s option whether or not to seek medical care or go to an emergency department. If the incident involved blood or body secretion contamination, it is recommended that the student immediately obtain an HIV, Hepatitis B, and Hepatitis C determination (testing fees may apply). This can be done through a regular family medical care provider.

*Medical care is the financial responsibility of the student. If a student chooses to seek medical care, go to an emergency department, or obtain HIV or Hepatitis testing, the student is responsible for these costs.*

I understand my medical care options and financial responsibility if I choose to seek medical care in case of an accident or medical emergency.

*If the student is under 18 years of age, and not an emancipated individual, you must complete this form and it must be signed by a custodial parent or guardian.*

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_