

# French Care

LONDON

## Blood test consent form

You have requested to have your blood drawn by **Elise Bernard**, UK licensed phlebotomist, owner and founder of French Care London Ltd. Elise Bernard will be identified as « the phlebotomist » thereafter. The purpose of this blood draw is to obtain specimens for laboratory testing with **The Doctors Laboratory**.

**PROCEDURE** : If you agree, the procedure will proceed as follows.

If possible, you will provide to the phlebotomist the pathology request signed by your doctor. You will be asked to confirm your identity and, if applicable, when you started your fast. For some tests, you may be asked to show a proof of your ID. You will pay for the service before the test is performed. If for any reason, the phlebotomist is unable to collect your blood you will be refunded or another appointment free of charge will be arranged at your convenience. Blood will be taken from a vein in your arm or from the top of your hand. The procedure will take place at your home or another mutually agreed location. The whole procedure will take about 15 minutes of your time. After the blood draw, the sample is labeled, packed and sent to the laboratory by the phlebotomist in the allotted time for the test to be analyzed properly. Your results will be sent directly to you and/or to your clinician by the laboratory.

**RISKS/DISCOMFORTS:** Despite respecting rules of asepsis and getting strong experience, the risks of having blood drawn include temporary pain from the needle stick, bruising and rarely, infection. Some patients may experience dizziness, possibly lightheaded or rarely fainting. In this case, the needle will be removed and the phlebotomist will proceed to keep the patient comfortable with the necessary monitoring equipment in her possession. In addition, there may be unforeseen risks.

**AUTHORIZATION:** I have read and I understand this consent form. All of the questions I have asked have been answered to my satisfaction. I agree to this procedure.

Patient's name :

Signature :

Date :

Phlebotomist's signature :

Date :