



## PHLEBOTOMY VOLUNTEER CONSENT FORM FOR PROCEDURES

**General Information:**

When volunteering in the phlebotomy program, you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities, you will be asked to be the subject of specific skills practiced by students. These learning activities are conducted under the supervision of the Klein ISD Career & Technical Education Healthcare Diagnostics Pathway instructor.

**Benefits:**

The activities listed have been selected because they are skills essential to the learning process and realistic practice is essential for optimum learning.

**Bloodborne Pathogen Exposure:**

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus and Human Immunodeficiency Virus, the virus responsible for Acquired Immune Deficiency Syndrome ("AIDS"). In order to minimize risk of exposure to bloodborne pathogens, the students have agreed to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

**Risks/Discomforts:**

Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Learning Activity	Specific Benefit	Risk/Discomfort
Venipuncture, on the arm and hand, using both evacuated tube system and syringe system.	Student gains experience needed prior to performing procedures on actual patients.	Possibility of hematoma or bruising, slight temporary pain with procedure.
Finger puncture	Same as above	Slight, temporary pain upon puncture.

**Your Rights:**

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect an explanation of any point that is unclear.

I have read the above Volunteer Consent Form. I acknowledge my understanding of the risks and benefits described above. My questions have been answered. I agree to participate as a subject in the learning activities listed above.

Volunteer Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If volunteer is under 18 years of age:**

I give my child permission to participate as a volunteer in the learning activities listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Address: \_\_\_\_\_

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