

Invasive Procedures Consent

Clinical Laboratory Science Programs



Life. Changing.

As a student enrolled in an Indian Hills Clinical Laboratory Science Program, I understand that I:

1. will be performing venipunctures and dermal punctures on fellow students as a part of my educational experience.
2. will also allow fellow students to perform venipunctures and dermal punctures on me.
3. understand that this practice is necessary to gain practical, first-hand experience in the performance these procedures. These skill development activities will involve the obtaining and processing of blood from fellow students. Some students in some programs will also be performing analyses on some blood specimens.
4. will use/follow Universal/Standard Precautions at all times during this training experience.

I am aware of the risks for Hepatitis B, HIV, and other blood-borne infections that accompany the handling of blood specimens. I also understand that there may be some risk of a hematoma or bleeding into the tissue as a result of an invasive procedure.

I understand these risks and freely and voluntarily agree to participate in these procedures. I hereby release Indian Hills Community College from any liability as a result of my participation in these procedures.

Name: _____

Signature: _____ Date: _____

MLT CLA PBT