

Student Laboratory Agreement

Clinical Laboratory Science Programs



SAFETY POLICIES AND PROCEDURES AGREEMENT

I am aware of possible hazards to laboratory personnel in the handling of chemicals and potentially infectious biological materials.

I have read the Indian Hills Community College Clinical Laboratory Science Programs' Student Laboratory Policies and Procedures.

I agree to comply with them and all other safety precautions required by individual instructors in all situations where I am functioning as an MLT, CLA, or PBT student of IHCC.

LABORATORY PARTICIPATION AGREEMENT

I agree to participate in Indian Hills Community College Clinical Laboratory Science program laboratory activities.

During the laboratory experiences, I will:

1. Role-play as a Medical Laboratory Tech, Clinical Assistant, Phlebotomist, and patient, as designated/ requested.
2. Relate to, communicate with, and have physical contact with, other students when necessary, while learning various skills. Examples of such laboratory experiences may include phlebotomy and specimen collection procedures.
3. Perform all analyses, procedures, and competencies as instructed.
4. Perform any daily checks and maintenance as scheduled

Name: _____

Signature: _____ Date: _____

MLT CLA PBT