



Name: _____

Address: _____

Phone: _____ E-mail: _____

Date of Birth: _____

Allergies: Y / N Please list: _____

Client's Consent

Test kit being drawn: _____

Phlebotomy services provided for kit collection.

☐

I consent to having my blood, urine, hair and/or mouth swab collected as required for the sample collection for the lab test kit. The risks and discomfort of drawing blood include: temporary discomfort from the needle stick, the possibility of pain or bruising at the site of the blood draw, occasional feeling of lightheadedness and, rarely, infection at the site of the blood draw.

☐

I understand that Secure Labs is only collecting my blood, hair, urine and/or mouth swab specimen(s). The lab which provided me with the test kit is performing the actual testing. Secure Labs is not responsible for communicating test results to me.

☐

I release and will not hold Secure Labs and its affiliates and franchisees, and any owner, officer, or employee thereof) liable for any injury or complication that may result from the phlebotomy procedure.

☐

I hereby authorize Secure Labs to collect the blood, hair, urine and/or mouth swab specimen(s) and forward to a laboratory as directed by me. I release Secure Labs from any and all liability associated with the specimen(s). In this capacity, Secure Labs is only collecting the specimen(s) and is therefore not responsible for the shipping, loss or delay of my specimen(s). We cannot be responsible for other laboratory rejections or test failures. There are circumstances in which a redraw is necessary, therefore NO refunds will be given.

Agreement

By signing below, I acknowledge that I have read, understood, and consent to the above checklist

Client's Signature: _____

Date: _____