

American Academy Phlebotomy Technicians Phlebotomy Technician Program – Informed Consent

General Information

You will be participating in classroom, laboratory, or clinical activities in which learning requires student subjects as part of the training procedures, demonstrations/and or experiments. As part of your learning activities you may be asked to perform specific skill or be asked to be the subject of specific skills practiced by other students.

Benefits:

The activities listed have been selected because they are skills essential to the learning process and the faculty believes that 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 (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree 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 include but are not limited to infection, fainting or feeling light-headed, bruising, small scar, and tissue/nerve damage.

Your Rights

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

Learning activities	Specific Benefits	Specific Risks/Discomforts
1. Venipuncture using both vacutainer and syringe	Student gains experience needed prior to performing actual procedure on patients in a clinical setting. Student develops proficiency in skills and confidence.	1. Possibility of hematoma with venipuncture; slight temporary pain
2. Capillary puncture (<i>finger only</i>)	Student gains experience needed prior to performing actual procedure on patients in a clinical setting. Student develops proficiency in skills and confidence.	2. Minimal possibility of infection; slight temporary pain

Student Name _____ ID# _____
(Please Print)

I have read the entire Informed Consent document and understand the risks/discomforts and benefits described. My questions have been answered.

Check One:

- I agree to participate in the learning experience listed above.
- I agree to participate only in the following activity/activities. * List specific activities by name:

- I do NOT agree to participate in the above listed learning activities involving student subjects.*

* Students not agreeing to participate in a listed activity involving student subjects must contact the course instructor to arrange an alternative learning activity. This may delay clinical externship placement.

It is recommended that students obtain personal health insurance prior to enrolling in this program. Indicate preference by checking in the box next to the choices below:

- I have personal health insurance
- I am refusing to enroll in any health insurance program although I am fully aware of the consequences and risk involved in participating in this training program.

(Signature of student)

(Date)

Signature of parent if student is under the age of 18

(Signature of parent)

(Date)