



# Consent for Blood Collection

You have requested to have your blood drawn by a New York state licensed phlebotomist from Vita Mobile Care. The purpose of this blood draw is to obtain specimens for laboratory testing.

1. **PROCEDURES:** If you agree to this procedure, the following will happen. You will be asked to fill out and sign the requisition form/forms and send them via our website <https://vitamobilecare.com/file-upload/> or to our email [vitamobilecare@gmail.com](mailto:vitamobilecare@gmail.com). Blood will be taken from a vein in your right or left arm or the top of your right or left hand. The blood draw will take about 20 minutes of your time. After the draw the blood is centrifuged, labeled, packaged and dropped off at our partners laboratory. The total time of this procedure takes up to 90 minutes.

2. **RISKS/DISCOMFORTS:** The risks of having blood drawn include temporary pain from the needle stick, bruising, and rarely, infection. Some patients may experience dizziness, possibly lightheaded or rarely fainting. In this case, the needle will be removed and the phlebotomist will proceed to keep the patient comfortable.

3. **AUTHORIZATION:** I have read this consent form. All of the questions I have asked have been answered to my satisfaction. I agree to this procedure.

\_\_\_\_\_  
Your Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Phlebotomist Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

*Electronic signature will be treated as if this document was handwritten*