



Secure Labs

Kit Collection Intake & Consent Form

Patient Information

Patient Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Date:

Allergies (Yes/No):

If yes, please list:

Test Kit Information

Test Kit Being Drawn:

Specimen Type (Blood / Urine /

Client Consent & Authorization

I consent to having my blood, urine, hair and/or mouth swab collected for the laboratory test kit.
I understand Secure Labs is only collecting the specimen and the laboratory performing the test is responsible for the analysis and results.
I acknowledge possible minor risks including discomfort, bruising, lightheadedness, or rare infection.
I release Secure Labs and its staff from liability associated with specimen collection.
I authorize Secure Labs to forward my specimen to the laboratory designated by my test kit.

Signature

Client Signature:

Phlebotomist Name:

Phlebotomist Signature: