

LAB KIT SPECIMEN COLLECTION CONSENT FORM

- I consent to having my blood drawn by ANY LAB TEST NOW® using the lab collection kit provided by my doctor or the reference laboratory. I understand the blood collection is required to perform the lab test my doctor ordered.
- I understand ANY LAB TEST NOW is providing phlebotomy services only. Phlebotomy is the process of withdrawing blood from a vein. I understand that there are risks associated with blood draws. 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 ANY LAB TEST NOW is not performing the laboratory test associated with the lab collection kit. ANY LAB TEST NOW is strictly collecting and processing the blood sample on behalf of the actual testing laboratory and is not involved in the test results process.
- ANY LAB TEST NOW does not have access to nor is it responsible in any way for my test results or for the payment of the test kit to the laboratory. If I wish to obtain a copy of the test results, I understand I must request these from my doctor that order the lab test.
- Do you have allergies to the following (check all that apply)?
 - ☐ Latex
 - ☐ Alcohol
 - ☐ Betadine
 - ☐ Other (Please Specify): _____

I hereby release ANY LAB TEST NOW from any and all liability associated with the testing of my specimen(s).

Signature*: _____

**Typing your name represents your signature*