

Niang Mobile Phlebotomy - Patient Blood Draw Consent Form (Maryland Compliant)

1. Patient Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone/Email: _____

2. Purpose of Blood Draw

I acknowledge that Niang Mobile Phlebotomy will collect blood specimens for laboratory tests authorized by my healthcare provider.

3. Procedure Explanation

I understand that the procedure involves venipuncture, which may result in risks including, but not limited to:

- Bruising, bleeding, swelling
- Dizziness, fainting, infection (rare)

4. Confidentiality

I understand my health information will remain confidential and handled according to applicable privacy laws.

5. Voluntary Consent & Rights

- I have been given the opportunity to ask questions and have received answers to my satisfaction.
- I understand I can refuse or withdraw my consent at any time without affecting my access to care.

6. Minor Consent (if applicable)

I certify that I am a minor who is permitted by Maryland law to consent to this procedure (e.g., self-supporting, married, a parent, or in an urgent situation).

7. Authorization

I voluntarily consent to the blood draw procedure.

Patient Signature: _____ Date: _____

Name of Person Obtaining Consent: _____

Signature: _____ Date: _____