

A partner for lifelong health



Baldwin Wellness Fair

March 25th, 2023

<u>Blood Draw 9am to 11:00 am</u>

<u>Exhibits: 9am to 1:00 pm</u>

Signature:

Blood Draw Pre-Registration Consent Form

One consent per person. Please read carefully and sign below. Return entire form, please do not cut this form.

The Wellness Fair blood draw includes the following tests: glucose, potassium, BUN, creatinine, GFR, calcium, alkaline phosphatase, total protein, albumin, AST, total cholesterol, triglycerides, HDL, LDL, and cholesterol ratios. The PSA (prostate specific antigen) test is optional for Males Only. For males wishing that this test be included, the request must be made while completing the registration paperwork and prior to the time the blood is drawn. There is an additional fee for the PSA test. I understand that no additional individualized test can be included in the Wellness Fair blood tests.

Results are reviewed by an LMH pathologist. The results and a cover letter are mailed to the participant as soon as reasonably possible but in most cases will take about three weeks, after the Wellness Fair, to be mailed. I understand that if my identifying information as noted below, including name, address, gender, and birth date, are not fully complete nor legible, the test results may not be able to be correctly processed nor mailed to me. I also understand that test results will not be released or mailed to anyone other than myself (including your personal physicians).

I give my consent to LMH Health Laboratory to draw blood from me for these tests. I agree that LMH Health and its staff will not be held responsible for any injuries, including bruising, incurred during the blood drawing process. I understand the responsibility for initializing any follow-up examinations for any abnormalities identified by these test lies with me as the person responsible for my own health and not with LMH Health. I also understand that on occasion, my blood sample may hemolyze (red blood cells can be destroyed) during the blood drawing or analysis processes, and therefore can alter results, and if so, I may be contacted to come back into LMH Health Laboratory to have my blood redrawn.

Date:

I have read, understand and agree to the information and restrictions noted above.

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Gender	□ Male	☐ Female		
State		Zip	Phone	
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