



## Informed Consent for Blood Draw

I, \_\_\_\_\_ (DOB: \_\_\_/\_\_\_/\_\_\_), do hereby consent to the drawing of a blood sample for the purpose of medical treatment. I understand that the risks involved with blood draws include, but are not limited to, discomfort at the site of the blood draw, possible bruising, redness and swelling around the site, bleeding at the sight, feeling of lightheadedness when blood is being drawn, and rarely, an infection at the site of the blood draw.

I understand and accept that data derived from this blood draw is considered preliminary only and does not constitute any kind of diagnosis. It is my responsibility for initiating a follow-up examination to confirm results and obtain professional advice and medical treatment.

Minds in Motion will keep my results confidential and will only release information to other organizations with my consent.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_