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**Laboratory Policy and Consent Form**

As a Patient Care Technician or Medical Assisting Student, you will participate in laboratory activities. As part of the learning process, you will work with needles, blood and urine specimens, and you may alternately assume the role of technician and patient.

The following are requirements to practice in the Laboratory:

• Students are required to wear a lab coat while practicing in the laboratory as part of the PPE (personal protective equipment) stablished by OSHA

• Needles and other sharps will be disposed accordingly to OSHA standards by using the proper biohazard container

• Students will wear gloves every time a procedure is performed, as part of Infection control regulations

• Hand washing will be performed before and after procedures

• Food will not be allowed inside the laboratory

• Equipment will be properly disinfected after each use as applicable

Participation in laboratory activities is part of the training program but even though this participation is expected, you may refuse to allow another person to obtain a blood sample from you, especially if you consider that your veins are damaged in some way, you suffered from venous thrombosis before, you suffer from a bleeding/coagulation disorder or other condition transmitted by contact with blood but also without a specific reason. If you decide to refuse, it will not negatively affect your grade.

By signing this form, I acknowledge receipt this information, and I am held accountable for its content.

I consent to participate in laboratory activities involving performance of venipuncture on each other.

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

I refuse to participate in the laboratory activities involving performance of venipuncture on each other.

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