



INFORMED CONSENT

General Information:

You will be participating in classroom, laboratory, or clinical activities in which learning requires student subjects as part of the training procedures, demonstrations/and or experiments. As part of your learning activities, you may be asked to perform specific skills or be asked to be the subject of specific skills practiced by other students.

All learning activities that use student subjects will be conducted under the supervision of the instructor who has been assigned to teach the course.

Benefits:

The experiences listed below have been selected because they are skills essential to the learning process and the faculty believe that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and, therefore, may result in less effective learning. Specific benefits are listed below.

Risks/Discomforts:

Participation may create some anxiety for you. Some of the procedures may create minor physical discomfort. Specific risks/discomforts are listed below.

Your Rights:

You have the right to withhold consent for participation and to withdraw consent after it has been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the planned or the alternative activity, you may not be able to successfully complete the course. You may ask questions at any point if something is unclear to you.

Learning activities	Specific Benefits	Specific Risks/Discomforts
1. Venipuncture using syringe, vacutainer, &/or butterfly needle.	Student gains experience needed prior to performing actual procedure on patients in clinical setting.	1. Possibility of hematoma with venipuncture/Slight temporary pain with puncture
2. Capillary puncture using finger	Student gains experience needed prior to performing actual procedure on patients in clinical setting.	2. Minimal possibility of infection when area is kept clean/Slight temporary pain with puncture



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Student Name _____ ID# _____
(Please Print)

I have read the entire Informed Consent procedure and understand the risks/discomforts and benefits described. My questions have been answered.

Check One:

- I agree to participate in the learning experiences listed above.

- I do NOT agree to participate in the following activity/activities.*
List specific activities by name:

*Students not agreeing to participate in a listed activity involving student subjects must contact the course instructor to arrange an alternative learning activity.

(Signature of Student)

(Date)