

A partner for lifelong health

Heart Fair

Signature:

February 22nd, 2020 LMH Health, 330 Arkansas St. Blood Draw: 7:30 am to 10:00 am

Heart Fair Exhibits: 7:30 am to 10:00 am

Blood Profile Pre-Registration Consent Form

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

The Heart Fair blood profile includes the following tests: <u>total cholesterol, HDL, LDL, VLDL, triglycerides, and cholesterol ratios.</u> I understand that no additional individualized test can be included in the Heart Fair profile blood tests.

Results are reviewed by an LMH Health 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 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 blood profile results may not be able to be correctly processed nor mailed to me. I also understand that results will not be released or mailed to anyone other than myself (including your personal physician).

I give my consent to LMH Health Lab to draw blood from me for the Heart Fair blood profile. I agree that LMH Health Lab 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 Lab. 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 Lab to have my blood redrawn.

Date:

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

Registrati	on Informat	tion				
Specialist, 325 Maine,	•	stration must be received		Health Laboratory Attn: Health Fair 4/2020 to receive the discounted fee	. After	
Last Name		First Name	First Name			
Date of Birth		Gender □ Ma	le 🛘 Female			
Address						
City		State	Zip	Phone		
Heart Fair blood pro	file \$20– Pre-registration	before 2/14/2020				
Payment Type:	□ Check #	□ Cash Am	ount \$			
	☐ Current LMH He	alth Volunteer	rrent Member of the "Hig	h Five" Club		