



## Consent and Release for the 2017 WELLNESS BLOOD SCREEN

I authorize consent to Physician's Laboratory personnel to obtain a venous blood sample for voluntary lab testing. The possible risks associated with the blood collection procedure may include but are not limited to: inflammation, bruising, hematoma formation, and/or nerve damage. I acknowledge the risks and volunteer freely to the above procedure. Physician's Laboratory Services assumes no responsibility for complications.

I authorize release of results by the testing laboratory to UNO Health Services, for data analysis and to **myself only and do not hold the testing laboratory responsible to notify my physician of abnormal results.**

As an active participant in my health, I \_\_\_\_\_ (print name) will notify my primary health care provider of abnormal results or questions about my results as soon as possible. All test explanation materials enclosed with my lab levels are informational only and do not replace the consultation of my primary health care provider.

I, for myself, my heirs, my family, my executors, administrators, and assignees, do hereby waive and release the Board of Regents of the University of Nebraska, the University of Nebraska Omaha, their employees and agents, for all claims of negligence, damage, demands, actions, or other claims in any manner arising or growing out of my participation in the health screenings/tests.

I have read and understood the above paragraphs and agree to sign this Consent and Release Statement.

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(Signature)

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(Date)