

Singapore General Hospital

Department of Pathology

CONSENT FORM FOR EXTERNAL PHLEBOTOMY SERVICES

Patient's Name ("Patient")	:
Patient's NRIC	:
Specimen to be obtained from Patient ("Specimen")	:
Venepuncture required? (Yes/No)	:
Company Providing Phlebotomy Services ("Company")	:
Name of Employee from Company Providing Phlebotomy Services ("Employee")	:

I am the above named Patient. I consent to allow the Employee named above to collect my Specimen and deliver the same to Singapore General Hospital (SGH) for the laboratory tests as ordered by my attending physician. A copy of the laboratory test order form is attached to this consent form.

I hereby release SGH and its related corporations, employees, agents and officers, from all claims, loss, damages and liabilities that arise from the phlebotomy services conducted pursuant to this consent form, including but not limited to any claims for breach of confidentiality. I declare that the Specimen collected by the Company is mine.

Patient's Signature	:
Date	:

COMPANY'S UNDERTAKING

I am a trained phlebotomist, and the Employee of the Company named above. I confirm that I performed venipuncture (if applicable) and collected the Specimen from the above named Patient and have abided by the specimen collection procedures as stipulated by Department of Pathology, Singapore General Hospital (and available on the SGH website). I undertake to observe strict confidentiality of all the information disclosed to me by SGH and/or the Patient.

Signature of Employee:	:
Designation :	:
Company Stamp (where applicable)	: