

PATIENT INFORMATION AND INFORMED CONSENT FORM FOR BLOOD DRAW

Dear Patient!

Please read the following information carefully, which provides detailed information about the purpose, procedure, and possible complications of blood draw. The purpose of this information is to enable you to make an informed decision about accepting the procedure.

1. Purpose of Blood Draw

During blood draw (venipuncture), we obtain a venous blood sample, which allows us to perform various laboratory tests (e.g., complete blood count, liver and kidney function tests, hormone tests, inflammatory parameters, etc.). Blood draw helps in identifying and ruling out diseases, as well as monitoring your health status.

2. Blood Draw Procedure

The procedure is performed by a trained healthcare professional, typically from veins running in the crook of the elbow. After disinfecting the skin, we insert a sterile needle into a vein and collect the required amount of blood into closed tubes. The blood draw takes a few minutes.

Before blood draw, it is recommended:

- Consume plenty of fluids (water) for 24 hours before blood draw.
- Maintain a fasting state as instructed by your doctor (generally 8–12 hours).
- Rest before blood draw (avoid physical and mental stress).

3. Possible Complications of Blood Draw

Although blood draw is a routine procedure, complications can occur in a small percentage of cases. The following potential complications and their frequency of occurrence are described based on international literature (CDC, NHS, UpToDate):

Common (1–10%)

- Bruising (haematoma) at the puncture site.
- Mild pain and sensitivity at the puncture site.
- Dizziness and mild nausea, especially when blood draw is performed on an empty stomach.
- Local swelling and redness, which usually resolve on their own.

Not Common (0.1–1%)

- Vein inflammation (phlebitis) – typically mild course, responds well to local treatment.

- Subcutaneous bleeding (larger haematoma), which can be painful and persist for a longer time.

Rare (<0.1%)

- Fainting (vasovagal syncope) – mainly in cases of stress, anxiety, or fasting state.
- Nerve injury – if a nerve runs near the puncture site. Temporary or rarely permanent sensory disturbance may develop.
- Needle breakage – extremely rare, mainly in case of technical error.
- Local infection – redness, pain, and discharge at the puncture site, which may require antibiotic treatment.

Very Rare (<0.01%)

- Allergic reaction to the disinfectant or materials used.
- Artery puncture – stronger bleeding, pain, and pressure sensitivity.
- Compartment syndrome – extremely rare, emergency medical care is required.
- Venous thrombosis – may occur if multiple factors are present (e.g., repeated puncture, immobilization).

4. Possible Consequences of Omitting Blood Draw

If blood draw is not performed, your doctor will not have access to essential information necessary for assessing your condition, making a diagnosis, setting up appropriate treatment, or monitoring your health.

5. Other Important Information

- Please inform the healthcare staff in advance of any previous fainting, difficult blood draws, or syncope!
- If you have a known bleeding disorder or are taking anticoagulants (e.g., Syncumar, NOAC), please inform us in advance!
- After the procedure, apply pressure to the puncture site for at least 5 minutes, and try not to lift heavy objects with the affected arm for several hours.
- If bleeding, pain, swelling, numbness, or fever occurs after blood draw, please consult your doctor.

INFORMED CONSENT STATEMENT

I, the undersigned,

Name:

Date of Birth:

Patient ID (TAJ) Number:

declare that I have received the necessary information for the blood draw to be performed and understand it. I have had the opportunity to ask questions, and received satisfactory answers to them. The procedure is voluntary; I explicitly accept it and consent to it.

I acknowledge that the procedure—like any medical procedure—may involve complications, and these have been explained to me in detail.

I further declare that the health information I have provided (e.g., medication use, allergies, previous fainting) is accurate and truthful.

Date:

Patient Signature:

Legal Representative / Parent / Relative Signature (if necessary):

Name:

Signature: