



Consent and instructions to have blood drawn for treatment and testing

I authorize the medical staff at Man Alive, LLC to obtain a blood sample for the purpose of determining my laboratory values according to either the specific choices I've made or testing that has or may be recommended and determined necessary according to the professional discretion of the medical staff at Man Alive, LLC. Additional laboratory fees may apply.

Risks include:

1. vasovagal syncope (fainting at the sight of blood)
2. dizziness or vertigo
3. pain or redness at the needle site
4. infection
5. bruising (hematoma)

Instructions:

1. drink plenty of water the morning of your blood draw
2. if fasting labs are required, nothing to eat after 9 p.m. the night before

Patient Signature: _____ Date: _____