

MSSU
FREEMAN SCREEN TEAM
Health Profile/Lab Analysis Consent Form

Place barcode from
lab kit here

CRL Code: FMW.MSSU

STANDARD PANEL

K112 Health Risk Assessment

Participant Information: Legibly print, in **blue or black ink only**, all information on this form, **sign** and return at your appointment.

Last Name															First Name										MI	
Social Security Number										Date of Birth (mm/dd/yyyy)										Age						
Gender: <input type="checkbox"/> M <input type="checkbox"/> F – Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No															Do you smoke or use nicotine substitute: <input type="checkbox"/> Yes <input type="checkbox"/> No											
															Have you been fasting at least 9 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No											
Mailing Address																									Apt/Unit #	
City															State					Zip Code						
Home Phone										Work Phone																

Health Profile Notice and Consent Form

I voluntarily consent to participate in the Health Profile Program which is being conducted by Clinical Reference Laboratory, Inc. (CRL).

CRL will mail the health profile results to me as well as forward the data to FREEMAN SCREEN TEAM. The health profile results that I receive are for informational purposes only and are NOT a medical diagnosis. It is my sole responsibility for initiating any follow up examination with my doctor to discuss any questions, to have the meaning of the health profile explained, to review and interpret my health profile results and to obtain medical advice. Neither CRL, FREEMAN SCREEN TEAM nor MSSU has any such responsibilities.

Group statistics may be used for reporting and research purposes. No other individual or entity will have access to my individual health profile results without my authorization or as allowed by law.

I, the participant named below, have read, understand and agree to the terms of the Health Profile Notice and Consent above. No attempts by the participant to modify or amend this form will change its terms or in any way be binding upon CRL.

X Participant's Signature: _____ **Date:** _____

**A signed Health Profile/Lab Analysis Consent Form must accompany the lab sample in order for CRL to analyze the sample and release the lab results.*