



Capital Health

Blood Collection Services

## Physician's Authority to Draw Blood Under Special Circumstances

This form will expire 6 months from the physician's dated signature or upon inpatient discharge.

**Exception** – for mastectomy patients the form shall expire after one year.

<input type="checkbox"/> <b>In Patient</b>
<input type="checkbox"/> <b>Out Patient</b>
<input type="checkbox"/> <b>Mastectomy</b> - consent to use veins in the arm of the same side of a mastectomy
<input type="checkbox"/> <b>Fistula</b> - consent to use veins in the arm of an inactive fistula
<input type="checkbox"/> <b>Foot Draw</b> – consent to use veins in the foot provided the patient is not diabetic, thrombophlebitic or edemic.
<input type="checkbox"/> <b>Other</b> – please explain

Physician's comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**NOTE:** Inpatients will have the form placed on the chart for future reference. Outpatients will have a copy placed with the requisition to be filed. As well the patient must keep the original for future visits.

