

University of Louisiana Monroe
School of Pharmacy
1800 Bienville Drive
Monroe, Louisiana 71201

INFORMED CONSENT

I, _____ have been informed that
(please print)

the procedures listed below will be part of the educational experience in the Doctor of Pharmacy Program of Study. I understand that pharmacy students may be asked to perform finger sticks on each other; prepare parenteral products using needles, syringes, and sometimes glass ampules. I am willing to participate in these activities, as they are a routine part of a pharmacist's training. This agreement is voluntarily executed and by signing, I so state. I will indicate my permission for each procedure by placing my initials where indicated. It is my understanding, however, that this is not a binding contract and that I have the right to change my decision at a later date. I further understand that if my decision to participate in these activities change, I will state so in writing and submit a copy to my current laboratory instructor.

I am aware of the risks involved in being exposed to blood in the finger stick procedures. I am also aware of the risks involved in being punctured by a needle or broken glass while preparing intravenous preparations. It is my understanding that the program will make every attempt to provide a safe working environment for me whenever I handle sharps, and I will not hold the program responsible. I understand that information regarding universal precautions is included in the program's curriculum.

	<i>Initials</i>	<i>Date</i>
1. Finger Sticks	_____	_____
2. Handling of Needles	_____	_____
3. Breaking Glass Ampules	_____	_____
4. IM and SQ Inj. Techniques	_____	_____

Printed Name: _____

Signature: _____

CWID: _____

Date: _____