

Consent to Services & Liability Waiver

Effective Date: August 05, 2025

I, the undersigned, consent to receive mobile phlebotomy and specimen collection services provided by Amega Prestige Health ("Provider"). I understand and agree to the following:

1. Consent to Phlebotomy & Collection Services

- I authorize the Provider to perform venipuncture, fingerstick, or other specimen collection as required for my ordered tests.
- I understand that specimen collection may involve minor risks, including but not limited to: bruising, bleeding, fainting, dizziness, infection, nerve injury, or discomfort at the puncture site.
- I acknowledge that Provider will take all reasonable precautions to minimize risks.

2. Laboratory Processing

- I understand that specimens will be sent to a licensed laboratory for testing.
- Provider is responsible for safe collection and delivery of the specimen, but the laboratory is responsible for processing, analysis, and reporting results.
- Provider is not responsible for laboratory delays, errors, or reporting issues.

3. Client Responsibilities (Mobile Setting)

- I understand services are provided in my home, workplace, or another non-clinical setting.
- I agree to provide a clean, safe environment free from hazards, distractions, or interference (including pets).
- Providers reserve the right to discontinue or refuse services if the environment is unsafe.

4. Medical Disclosure

- I agree to disclose relevant medical information, including medications, allergies, history of fainting, and bleeding disorders.
- I understand failure to disclose accurate information may increase risks.

5. Liability Release

- I release and hold harmless Amega Prestige Health, its staff, and contractors from any liability for complications or adverse outcomes that may arise from specimen collection, except in cases of gross negligence or willful misconduct.
- I understand that Provider is not responsible for the medical interpretation of results, diagnosis, or treatment, unless otherwise stated in writing.

6. Acknowledgment & Consent

By signing below, I acknowledge that:

I have read and understood this Consent & Waiver.

I have had the opportunity to ask questions.

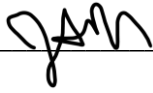
I voluntarily consent to receive phlebotomy and specimen collection services from Provider.

Client Name: _____

Signature: _____

Date: _____

Provider/Witness: _____

A handwritten signature in black ink, appearing to be 'JAN', is written over the line for the Provider/Witness field.