CONSENT FORM SCREENING TESTS

CP _____

ID _____

Donor name's: _____

Date of birth: _____

☐ I confirm that I haven't drunk or eaten in the last 10 minutes.
Enter the time of your declaration _____.

* * *

☐ I agree to undergo the drugs tests performed by a person form to proceed the collection.
☐ I authorize the Medical clinic to communicate to my employer's representative all my results.

Questions	YES	NO
In the last 4 weeks		
Have you been under local or general anesthesia?	☐	☐
Have you received any dental treatments?	☐	☐
Have you taken any medication prescribed by a doctor?	☐	☐
Have you taken any non-prescription medication (Tylenol, Advil)?	☐	☐
Have you taken drug?	☐	☐
In the last 8 days		
Have you consulted a doctor ?	☐	☐
Have you taken cannabis ?	☐	☐

If you answer « Yes » to one or more questions, please specify

Substance and reasons	Quantity and frequency	Date of last consumption

Date : _____ _____

Donor Signature

_____

Witness