



Voluntary Peer Venepuncture: Consent Form and Health Questionnaire

Complete one form for each volunteer. Keep it with the course records.

About this session

On day 2 of the Advanced Phlebotomy and Cannulation course, you can choose to let a fellow learner take a blood sample from you, under the direct supervision of a trainer. This form records your health answers and your consent. Please read it and answer every question honestly.

- **Taking part is entirely your choice.** You can say no, or stop at any time, without giving a reason.
- **Your certificate is not affected.** Learners who do not take part practise on training arms and receive the same certificate.
- **You must be 18 or over** to volunteer.
- **No more than two attempts** are made on each volunteer, and a trainer watches every attempt.
- **The blood is not tested or kept.** It is disposed of as clinical waste straight away.
- **Cannulation is never practised on people.** Cannulation stays on training arms.

Volunteer details

Full name	
Course date	
Arm to be used (left or right)	
Emergency contact name and phone	
Trainer supervising	

Health questionnaire

Tick yes or no for each question. If you answer yes to any of questions 1 to 9, please do not volunteer today. You can still take part fully by practising on the training arms.

#	Question	Yes	No
1	Do you take any medicine that thins the blood or affects clotting (for example warfarin, apixaban, rivaroxaban, edoxaban, dabigatran, clopidogrel or heparin injections)?	☐	☐
2	Do you have a bleeding or clotting disorder, or do you bruise or bleed very easily?	☐	☐
3	Have you ever fainted or felt very unwell during or after a blood test, injection or blood donation?	☐	☐
4	Do you have a fear of needles that makes you feel faint or very anxious?	☐	☐
5	Do you have lymphoedema, or have you had lymph nodes removed or breast surgery on either side? (If so, that arm must not be used.)	☐	☐
6	Do you have a fistula, shunt, line or other device in either arm?	☐	☐
7	Do you have a skin condition, wound, infection, bruising or swelling on the arm to be used?	☐	☐
8	Do you have epilepsy, diabetes treated with insulin, a heart condition or any other condition that makes fainting or a sudden drop in blood sugar more likely?	☐	☐
9	Are you feeling unwell today, or have you not eaten or drunk anything in the last few hours?	☐	☐
10	Are you allergic to latex, plasters, dressings or skin cleaning wipes (such as chlorhexidine or alcohol)?	☐	☐

If you answer yes to question 10, tell the trainer. They will use alternative products, or ask you not to volunteer.

The trainer may decide that you should not volunteer today for any reason connected with your safety. You do not need to tell us any other medical details. Anything you write here is used only to keep you safe in this session.

Consent

Volunteer: tick each statement, then sign

- ☐ I have read this form and my answers to the health questionnaire are true.
- ☐ I understand that taking part is voluntary and I can stop at any time, without giving a reason.
- ☐ I understand that a fellow learner, who is still learning, will take blood from me under direct supervision, with no more than two attempts.
- ☐ I understand the possible effects: discomfort, bruising, a small haematoma, feeling faint and, rarely, nerve irritation or infection at the site.
- ☐ I understand that my blood will not be tested or stored and will be disposed of as clinical waste.
- ☐ I will tell the trainer straight away if I feel unwell, faint or in unusual pain.
- ☐ I am 18 or over.

Volunteer signature	
Printed name	
Date	

Learner taking blood: tick each statement, then sign

- ☐ I have completed the venepuncture practice on training arms on this course.
- ☐ I will follow the trainer's instructions and stop when told.
- ☐ I will use the sharps bin straight away and will report any needlestick injury at once.

Learner signature	
Printed name	
Date	

Trainer

I have checked the health questionnaire, the volunteer is suitable to take part today, and I will supervise every attempt.

Trainer signature	
Printed name	
Date	

Trainer record

	Attempt 1	Attempt 2
Time		
Vein and arm used		
Outcome (sample taken / not taken)		
Problems (none / bruising / haematoma / faint / pain / other)		
Action taken		
Volunteer felt well and left the room at (time)		
Any incident reported (needlestick, faint, injury)? Give details		
Trainer initials		

Aftercare and needlestick injuries

Aftercare for volunteers

1. Press firmly on the site with the gauze for 2 to 3 minutes, keeping your arm straight. Do not bend your elbow over it.
2. Keep the plaster on for a few hours. Avoid heavy lifting with that arm for the rest of the day.
3. Sit for a few minutes before standing, and have a drink. Tell the trainer at once if you feel faint.
4. Some bruising is common and fades within a few days. Seek medical advice if the arm becomes very painful, swollen, hot or red, or if you have numbness or tingling that does not settle.

If a needlestick injury happens

1. Encourage the wound to bleed gently. Do not suck it or scrub it.
2. Wash it with soap and running water, then dry it and cover it with a waterproof plaster.
3. Tell the trainer straight away. The trainer stops the session and records the incident, including the volunteer's name.
4. The injured person should get urgent medical advice the same day, from their occupational health service, GP, NHS 111 or A&E. Assessment and any treatment work best within hours.
5. The trainer reports the incident to the centre manager the same day, and it is entered in the centre's accident book.

How we store this form

PLAB Guide Training Centre keeps this form securely with the course records and uses it only for this session and for any incident that follows. It is not shared with your employer without your permission.