

BLOOD SAMPLE VERIFICATION FORM

CUSTOMER NAME:

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

CUSTOMER ADDRESS:

STREET ADDRESS

APARTMENT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER PHONE NUMBER: _____**CUSTOMER EMAIL ADDRESS:** _____**CUSTOMER DATE OF BIRTH:** _____**TYPE OF IDENTIFICATION:** _____**IDENTIFICATION NUMBER:** _____**STATE OF ISSUE:** _____**EXPIRATION DATE:** _____**DRY BLOOD SPOT SERIAL NUMBER** [PLACE LABEL HERE – REMOVE FROM INSTRUCTIONS FOR USE PAMPHLET STEP 1 FOUND IN THE TEST KIT BOX]**DATE OF BLOOD COLLECTION** _____

**HEALTHCARE PROVIDER/FACULTY MEMBER
SIGNATURE****HEALTHCARE PROVIDER/FACULTY MEMBER NAME
(PRINT NAME)**

I CERTIFY THAT THE ABOVE-MENTIONED CUSTOMER/INDIVIDUAL VISITED OUR FACILITY AND SUBMITTED IDENTIFICATION DOCUMENTS WHICH VERIFIED CUSTOMER/INDIVIDUAL IDENTITY AND PROVIDED THEIR BLOOD SAMPLE WHICH WAS COLLECTED IN MY PRESENCE. I CAN VERIFY THE COLLECTED BLOOD SAMPLE BELONGS TO ABOVE-MENTIONED CUSTOMER/INDIVIDUAL.

FACILITY NAME _____**FACILITY ADDRESS** _____

BLOOD SAMPLE VERIFICATION FORM

INSTRUCTIONS FOR HEALTHCARE PROVIDER/HEALTH SERVICES DEPARTMENT

The healthcare student is required to verify their finger prick blood sample for the ImmunoProfile® Antibody Test System per institution compliance requirements. The ImmunoProfile Antibody Test System™ is intended for the semi-quantitative detection and differentiation of IgG class antibodies against the following vaccine targets: Measles, Mumps, Rubella, VZV (Varicella Zoster), H. influenzae B, Diphtheria, Tetanus, Pertussis, Polio, HBV (Hepatitis B), and HAV (Hepatitis A) in dried blood spot.

Please complete the following instructions:

1. Verify the healthcare student's government issued identification (driver's license, etc.) matches information on the ImmunoProfile Blood Sample Collection Form
2. Observe the identified healthcare student collect their finger prick blood sample on the dry blood spot card included in the ImmunoProfile Specimen Collection Kit – minimum of 2 circles
3. Review completed ImmunoProfile Blood Sample Collection Form (form is completed by healthcare student)
4. If acceptable please sign and print your name in location provided
5. Complete facility name and facility address in provided section on the bottom of form (stamp is acceptable)
6. Return signed ImmunoProfile Blood Sample Collection Form to healthcare student

On behalf of the ImmunoProfile Team we thank you for your support and cooperation.