

PSA Testing - Consent
Mineral Exploration Roundup 2018
January 24 & 25, 2018

The PSA (Prostatic Specific Antigen) test is a blood test used to screen for prostate disease. Please complete the following consent form before your blood is collected for the PSA test at St Paul's Hospital, Vancouver, BC. Your results will only be sent to your doctor. You must contact him /her to discuss them.

If you do not have a family doctor, we are unable to do the test for you today.

Your personal information is held in strict confidence.

Print your name and address

Last Name	First Name	Date of birth (MM/DD/YY)
Address		
		Phone

Print your family doctor's name and address

Doctor's Last Name	Doctor's First Name	Physician # (BC Only)
Doctor's Address		
		Phone
		Fax

Consent

I have read the British Columbia Cancer Agency brochure - "*The Pros and Cons of PSA Screening for Prostate Cancer*".

- I have talked with my family doctor about PSA testing ***OR***
 I wish to take the test before I talk with my family doctor.

I agree to have St Paul's Hospital Laboratory staff collect my blood by venipuncture to test for PSA. This is at no cost to my medical services plan or to me. I have been given an opportunity to ask questions about the risks involved in having blood taken and I have had all of my questions answered thoroughly and to my satisfaction.

Governing Law: I agree that the relationship and the resolution of any and all disputes arising between myself and my family doctor, and between myself and Providence Health Care, its directors, officers, agents, and employees, shall be governed and construed in accordance with the laws of the Province of British Columbia.

Jurisdiction: I acknowledge that the blood collection and testing is performed in the Province of British Columbia and that the Courts of the Province of British Columbia have jurisdiction to entertain any complaint, demand claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. I agree that if I start any such legal proceedings they will be only in the Province of British Columbia, and I submit to the exclusive jurisdiction of the courts of British Columbia.

Signature: Your signature indicates you have read this document and that you agree to these terms. An extra copy of this form is provided for your records.

Participant Signature _____ Please print name _____ Date _____

Witness Signature _____ Please print name _____ Date _____

Please give this signed consent form to St. Paul's Laboratory staff at the time of blood collection.