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| SJH CENTRE FOR LABORATORY MEDICINE & MOLECULAR PATHOLOGY | | | |
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**Acid containing 24 hour urine collection containers
CONSENT FORM**

NAME: _____ MRN: _____

ADDRESS: _____ D.O.B _____

Stick Addressograph here.

The following topics have been discussed with me:

The instructions to make a 24 hour urine collection.

The plastic container contains corrosive acid (50%HCl)

The danger associated with the strong Hydrochloric acid.

I have received the instruction leaflet and understand the potential risk associated with this test.

PATIENT'S SIGNATURE: _____ **DATE:** _____

PLEASE PRINT NAME: _____

Instructor's SIGNATURE: _____ **Grade:** _____ **DATE:** _____

PLEASE FILE SIGNED FORM IN PATIENT'S CHART