

# MAYO COHORT MLS STUDENT SIGNATURE PAGE

I. I have read the Essential Functions and fully understand them. Any questions that I have concerning them and how they apply to me have been answered by program representatives to my satisfactions. It is my belief that I can satisfy each of the Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

I, \_\_\_\_\_ have read, understand, and agree to the statements above.  
print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

II. I have read and agree to abide by the University of North Dakota Medical Laboratory Science policies as stated in the UND MLS Orientation Handbook Undergraduate including confidentiality of lab data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

III. I give permission to the University of North Dakota to release information from my student files for purposes of job or educational opportunities and/or advancement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IV. I have read the safety rules and regulations. I have been informed about the blood borne pathogens exposure control plan and regulations and policies in the UND Orientation Handbook Undergraduate. I understand them and will abide by them while working in the student laboratories.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

V. I understand that in order to learn phlebotomy skills students and instructors in the MLS Cohort program may be performing venipunctures and fingersticks on each other, as well as, Mayo employees and patients. I give permission for the phlebotomy procedures to occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VI. I understand that quizzes and tests may be used in future courses and I will not share or copy information from the tests, quizzes, or feedback notes with others.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VII. I understand that Mayo Cohort individual pictures and composite pictures of the intensive labs may be taken and then used during the graduation ceremony at Mayo Clinic and may also be put on the UND website for information purposes and give my permission to post the photo on the webpage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VIII. I understand that I must attend all required Intensive Labs and Clinical Intensive Rotations at the required dates and times. I further understand that I must complete the UND Final Comprehensive Examination at the end of my MLS training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VIII. I am currently a Mayo employee. I qualify for participation in the Mayo Cohort Program, and I have discussed this program and its time commitments for Intensive Labs and CIRs with my supervisor and have their support.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date