Participant Name: MATT HUMPHRE	<u>y</u>
Project Title: # 10390 Administration	y Inhaled Medications
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the use (full or in part) of all videotapes t	ithout further consideration or compensation to aken of me and/or recordings made of my voice art, of such recordings or musical performance for distribution in any manner. on
By: <u>Aaron Kolski-Andreaco</u>	For: The Journal of Visualized Experiments (JoVE)
(Producer)	(Producing Organization)
Participant Signature Address 1236 E Colon Rogote State UT Zip code Date: 1916	Da City Sardy 8240941
If the subject is a minor under the laws o is done:	the state where modeling, acting, or performing
Legal guardian	
(Signature)	(Printed name)
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Participant Name:MATT_HUMPHEY	
Project Title: CENTRAL VENOUS Access De	IICE DRESSING CHANGE
Project Title: CENTRAL VENOUS Access Del	
I hereby consent for value received and without further the use (full or in part) of all videotapes taken of me and/or written extraction, in whole or in part, of such rethe purposes of illustration, broadcast, or distribution in at on	d/or recordings made of my voice cordings or musical performance for any manner.
(Recording Location)	(Date)
By: <u>Aaron Kolski-Andreaco</u> For: <u>The Jour</u>	nal of Visualized Experiments (JoVE)
(Producer) (Produ	ucing Organization)
Participant Signature Address 1234 E Lev Ray City State 7 Zip code 84094 Date: 1 19116	Sarde
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Participant Name: Kyan Stewart	
Participant Name: Ryan Stewart Project Title: Initiating Muintenance I	V Fluids Growity Tubico
# 10274	
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at College of Nursing on_	
(Recording Location)	(Date)
By: <u>Aaron Kolski-Andreaco</u> For: <u>The Journa</u>	l of Visualized Experiments (JoVE)
(Producer) (Produci	ng Organization)
Participant Signature	
Address 360 N. 100 E. City_	Bountiful
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Legal guardian	
(Signature)	(Printed name)
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Participant Name: Fyan Stewart	
Project Title: #10288 Preparing & Adu	nih . secondary Intermittent
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at College of Nursing	on
(Recording Location)	(Date)
By: <u>Aaron Kolski-Andreaco</u> For:]	The Journal of Visualized Experiments (JoVE)
(Producer)	(Producing Organization)
Participant Signature Ryan Slowed Address 360 N . 100 E .	D. IA
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Participant Name: Partick Myrem	<u></u>
Project Title: #10178 DISC. 10 FUTOS AND P. 11	<u>). </u>
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By: <u>Aaron Kolski-Andreaco</u> For: <u>The Journa</u>	of Visualized Experiments (JoVE)
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Participant Signature	
Address 6142 wateress way City_	Sec
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Participant Name: Family Migning	
Project Title: # 10234 SUBLUTANEOUS MEDICAGION	
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By: <u>Aaron Kolski-Andreaco</u> For: <u>The Journal</u>	of Visualized Experiments (JoVE)
(Producer) (Producir	ng Organization)
Participant Signature	
Address 6147 WAREFIELD Way City_	Scc
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Participant Name: Pronice Michie	7
Project Title: # 10277 Primary In	samitten 10 w/ NEUSICO Dump
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All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form. Participant Name: Parmice A. Minsur Project Title: #10261 1M WSECTONS I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner. at COCEGE OF NURSING On 12/30/2016 (Date) (Recording Location) For: The Journal of Visualized Experiments (JoVE) By: Aaron Kolski-Andreaco (Producing Organization) (Producer) Participant Signature Address 6142 WAGETIES WAY City State Zip code 84118 Date: 12/30/2016 If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

(Printed name)

Legal guardian _____

Date: ____/___

(Signature)

State _____ Zip Code _____

Address _____ City ____

Project Title: # 10262 ADMINISTRAL	5947
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Participant Signature	
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Participant Name: PATRICK MUR	247
Project Title: # 10264	
the use (full or in part) of all videotape	d without further consideration or compensation to s taken of me and/or recordings made of my voice n part, of such recordings or musical performance for or distribution in any manner.
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By: <u>Aaron Kolski-Andreaco</u>	For: The Journal of Visualized Experiments (JoVE)
(Producer)	(Producing Organization)
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Participant Name: Madeline Las	ssch-e
Project Title: Why Flushing (V	
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By: <u>Aaron Kolski-Andreaco</u>	For: The Journal of Visualized Experiments (JoVE)
(Producer)	(Producing Organization)
Participant Signature	220
Address 148 5 Monua H	test in city Hancvelle
Address 148 5. Monung Mts (4 City Haysvelle State Zip code 84037	
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If the subject is a minor under the laws o is done:	of the state where modeling, acting, or performing
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