



REQUEST FOR RECTIFICATION OF DATA ON THE FHRB PERSONAL DATA FILE

Print the form and fill in the requested information. Don't forget to sign the form.

Send the signed form to:

Finnish Red Cross Blood Service FHRB Biobank P.O.Box 2, 01731 Vantaa

| I request the rectification of my personal data held by FHRB | | |
|--|--|--|
| Data to be rectified: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Name | | |
| | | |
| Personal ID code | | |
| | | |
| Telephone number | | |
| | | |
| Address | | |
| | | |
| Post code and post office | | |
| | | |
| Date, signature and name in print | | |
| | | |
| | | |

To be filled in by the Blood Service

| Request for rectification received, date and | |
|--|--|
| confirmation | |
| Data rectified, date and confirmation | |
| | |
| Data subject notified, date and confirmation | |
| | |
| Other information | |
| | |
| | |
| | |
| | |

Contact information:

Finnish Red Cross Blood Service FHRB biobank P.O.Box 2, 01731 Vantaa Tel: 029 300 1010 fhrb@veripalvelu.fi www.fhrb.fi