

# BIOBANK CONSENT



By signing this form, I confirm that I have read and **understood the FHRB Biobank Information form for sample donors** containing information about the nature of the biobank research and possible harms. Accordingly, I agree that **samples collected during my treatment and my personal and health information can be:**

1. collected, combined, stored and processed in the biobank,
2. combined with other registry data in a manner defined in the information form,
3. disclosed to biobank research and product development also outside the European Union,
4. disclosed with an identifier if there is a justified need for that (e.g. disclosing the personal identity code to another register so that the material can be linked).

<b>Additionally, I authorize the biobank to contact me in the following cases:</b>	<b>Yes</b>	<b>No</b>
to inform me of findings from my samples which are of significance to my health,		
to inquire whether I would like to participate in some form of research or sample collection not covered by this consent.		
Other information:		

I have been adequately informed about the meaning of this consent. I can withdraw this or a prior consent at any time, and also prohibit the use of the already transferred materials without this affecting my future treatment.

<b>Consentee information</b>
Consentee full name
Personal identification number
Date and time
Consentee signature
<b>Consent reception</b>
Date and time
Receiver name and signature

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