

SAMPLE DONOR CONSENT FORM/minors



I give my consent that my under-aged child's

Name _____ Personal identity code _____

samples and information may

- be collected, combined, stored, and handled in the biobank,
- be combined with other registry data as described in the leaflet,
- be handed over, in encoded form, for biobank research outside the European Union,
- and to be handed over, with identifying data if there is a legitimate need to do so (e.g. provision of a personal identity code to another registrar for the purpose of combining materials).

My consent is based on the leaflet *FHRB Biobank: information for sample donors*, which I have received and read, and the accompanying letter for guardians. I have received adequate information about biobank operations. I have been informed that giving consent is completely voluntary and can be withdrawn later. I have discussed the matter with my child in a way that corresponds to their capacity for understanding, and my child has no objections for giving consent. My child has been provided with information that is age and development level appropriate regarding the biobank.

I have agreed with my child's other guardian to give consent to the biobank (joint custody).

In addition, I **give consent** that I and/or my child can be contacted in the following situations:

Studies reveal clinically significant information which may be of use for my child in treatment or prevention of an illness. Yes No

To inquire my consent regarding participation in a study my child may be suitable for, which is not covered by this consent. Yes No

Guardian's consent

Guardian's name _____ Personal identity code _____

Date _____ Signature _____

Additional consent from the under-age child

I have been told about the biobank, and I agree that my samples and information can be used in the biobank. I am aware that I can change my mind at any point and withdraw my consent.

Date _____ Child/adolescent's signature _____

Consent received by

Name, signature, and date