



WITHDRAWAL OF BIOBANK CONSENT

By my signature, I confirm that my samples and personal information relating to my health must no longer be collected or transferred to the FHRB Biobank, and they must not be used for the purpose of biobank research.

Following the withdrawal of my consent, my samples and related data will no longer be made available for new studies. However, any research results, information included in these results and research materials generated using these samples and relevant data prior to the reception of such notification usually cannot be destroyed, because it may be necessary to preserve them for limited purposes, such as verification of the correctness of the studies already carried out.

Contact information
Full name
Personal ID code
Street address
Post code and post office
Place and date
Signature
Reception of the withdrawal of consent at biobank (to be filled in by the biobank)
Place and date
Signature of the recipient
The recipient's name in block letters