

# 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).

Additionally, I authorize the biobank to contact me in the following cases:	Yes	No
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.

Consentee information
Consentee full name
Personal identification number
Date and time
Consentee signature
Consent reception
Date and time
Receiver name and signature

Translated 30/12/2019 from Version 2.0 v.21.3.2017