

REQUEST FOR INFORMATION FROM THE FHRB PERSONAL DATA REGISTRY

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

Send the signed form by post to:

FRC Blood Service/Data requests
Kivihaantie 7
FI-00310 Helsinki, Finland

<p>I request to be sent the data the FHRB Biobank has on me.</p> <p>Additional information (if necessary):</p>
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Name
Personal ID code
Telephone number
Address
Post code and post office
Date, signature and name in print

The requested information is provided to you by post.

To the filled in by the Finnish Hematology Registry and Clinical Biobank

Request for data received, date and confirmation	
Data collected, date and confirmation	
Data submitted, date and confirmation	
Other information	