

Withdrawal of consent for your saved sample

Certain samples are routinely saved in order to be useful for your future care, diagnostics and treatment. The samples can also be of great value to medical research. All research must be reviewed and approved by an Ethical Review Board.

This withdrawal of consent form is to be used if you want to limit the use of or withdraw your

consent to your saved sample or if you do not consent to your sample being saved.

If you consent to your sample being saved for all of the *uses* indicated below, you do not need to send in the form.

For more information about the Biobanks in Medical Care Act and the saving of samples, please see www.biobanksverige.se

This form is to be used if you want to withdraw your consent for your saved samples

Withdrawal of consent form/Nej-talong/The sample information can be filled in together with healthcare personnel

Enter information that identifies which samples that are concerned (PLEASE PRINT):

Name: National ID number:
Namn Personnummer

Hospital/care center: Date/period sample was taken:
Sjukhus/mottagning Provtagningsdag-period

- Blood/*Blodprov/* Space for barcode/*Plats för streckkod/* (not required):
 Cell or tissue/*Cell- eller vävnadsprov/*
 Other sample/*Annat prov/*

I consent that the sample is saved for:

Yes No

- Health care, diagnostics and treatment/*Vård, diagnostik och behandling/*
 Research or clinical trials/*forskning eller klinisk prövning/*
 Education, quality- and development efforts within healthcare/*utbildning, kvalitets- och utvecklingsarbete inom vården/*

If you have answered No on all three alternatives above, the sample will either be destroyed or anonymised (disidentified) after analysis. You cannot choose one or the other. Anonymised means that the sample is saved, but the means of identifying you as the sample donor do no longer exist. Note that the analysis results are not destroyed.

- Yes No **Send confirmation** of the implementation of my withdrawal to my registered address
/Skicka bekräftelse på denna talongs genomförande till folkbokföringsadressen /

Signature/Underskrift:

The **sample donor/patient** or the **legal guardian** shall sign the withdrawal of consent form. **Note!** If the form concerns a child/minor and there are two legal guardians, both must sign.

Date/*Datum/*:

Signature:
Underskrift

Signature:
Underskrift

Name in capitals:
Namnförtydligande

Name in capitals:
Namnförtydligande

Send to: Addresses to "[Mottagare av Nej-talong](http://www.biobanksverige.se)" are found on www.biobanksverige.se



NATIONELLA
 BIOBANKSRÅDET