

Withdrawal of consent for your saved sample

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

This 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 persons)

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

Name:
Namn

National ID number: -
Personnummer

Hospital/care center:
Sjukhus/mottagning

Date/period sample was taken:
Provtagningsdag/-period

Type of samples, one or more:

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. Please 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:

This withdrawal of consent shall be sign by the sample donor/patient or the legal guardian. Please note, if the form concerns a child/minor and there are two legal guardians, both legal guardians must sign.

Date/Datum:

Signature:
Underskrift

Signature:
Underskrift

Name in capitals:
Namnförtydligande

Name in capitals:
Namnförtydligande

Send to: the county council/region where the sample was taken. Addresses can be found at www.biobanksverige.se

