

# Withdrawal of consent for your saved sample

Certain samples are 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.

For more information about the Biobanks in Medical Care Act and the saving of samples, please visit [1177.se](http://1177.se) or [www.biobanksverige.se](http://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 staff)

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

Name: .....  
Namn

National ID number: ..... - .....  
Personnummer

Hospital/Healthcare center: .....  
Sjukhus/mottagning

Date/period sample was taken: .....  
Provtagningsdag/-period

### Type of samples, one or more:

- Blood/Blodprov  
 Cell or tissue/Cell- eller vävnadsprov  
 Other sample/Annat prov

Space for barcode/Plats för streckkod/ (not required): .....

### I consent that the sample is saved for:

Yes No

- Future 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. Please note that the analysis results are not destroyed.

### I want confirmation of the implementation of my withdrawal sent to my registered address /Skicka bekräftelse på denna talongs genomförande till folkbokföringsadressen

Yes  No

### Signature/Underskrift:

To be signed by the sample donor/patient.

(Children/minors are represented by their legal guardian. If there are two legal guardians, both legal guardians must sign. Please note that minors between the age of 15 and 18 who are considered competent of making their own decisions, may sign the form themselves)

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](http://www.biobanksverige.se)

Information about sample and analysis is recorded to ensure your care and treatment. All personal data processing in healthcare is in accordance with the General Data Protection Regulation (GDPR) and the Patient Data Act.

Read more about GDPR at [www.datainspektionen.se](http://www.datainspektionen.se)

