

## BIOBANK CONSENT AND ACCEPTANCE

By signing this document, you confirm that you have read and understood the Declaration for the sample donor (declaration TIE-0179, E.2). We ask for your consent to:

- Biobank samples previously collected by the Blood Service in connection with blood donation and biobank samples possibly collected in the future and related information may be collected and handed over to the biobank.
- Your samples and related information may be stored and processed in the biobank.

In addition to this, we ask for your approval that:

- Information about your state of health and information about the factors affecting your health received from you can be attached to the sample and combined with other register information as described in the declaration.
- Your samples and data may be handed over to biobank research, and they may also be handed over in an identifiable form, if there is a justified need for it (e.g., giving a personal identification number to another data controller for the purpose of combining data).
- Your samples and data may be handed over coded for biobank research also outside the European Union/EEA area, provided that the data protection is secured as described in the declaration.

In addition, I agree to that the Blood Service Biobank can contact me in the following cases:	Yes	No
To inform me of a finding in my sample that could be significant for my health.		
In relation to biobanking, for example to inquire about my willingness to participate in a study or sampling that is not included in this consent.		

I have received a sufficient explanation of the meaning of giving consent and acceptance and I understand that consent and acceptance is voluntary. I can withdraw my consent and/or prohibit the use of materials, i.e., object to the processing of my data by submitting a signed Biobank Refusal Form to the Blood Service Biobank.

### Details of the person giving the consent and acceptance

Full name of the person giving consent and acceptance: \_\_\_\_\_

Personal identity code: \_\_\_\_\_

Place and date: \_\_\_\_\_

Signature and name clarification: \_\_\_\_\_

### Provider of the declaration and recipient of the consent and acceptance (To be filled in by the Blood Service)

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Recipients signature and name clarification: \_\_\_\_\_

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