



Declaration of consent for further use of health-related data and samples

First and last name blood donor

Date of birth

I hereby consent to my donor-related details and samples collected during my blood donation being made available for research purposes and agree to a portion of my donation being used for educational purposes, for the improvement of medical diagnostics, e.g. for the production, development and quality control of tests, devices and laboratory procedures.

☐ Yes ☐ No

I know, that:

- on the information sheet (version 1.0, 2019/03) the regulations for the further use of my data, samples are described. I have read and understood this information.
- my personal data are protected.
- my data, samples can be used in national and international projects, within public and private institutions.
- my samples for research purposes can be used for genetic analysis.
- I can be contacted if information relevant to me is found, as long as this information is not treated in an anonymous form
- my decision is voluntary and has no influence on my treatment.
- my decision has no time limit.
- that I can withdraw my consent at any time without giving reasons, as long as the data of the samples have not been made anonymous.

Place, date

Signature blood donor

Please don't hesitate to ask us for a copy of this signed page. If you have any questions, please contact: 058 404 01 00 or info@blutspende-nw.ch