

BLUTSPENDE SRK **NORDWESTSCHWEIZ***Spender- oder Entnahmenummer*

Declaration of consent for further use of health-related data and samples (General Informed Consent)

.....
First and last name blood donor.....
Date of birth

I hereby agree that my donor-related data and samples collected during my blood donation are available for research purposes.

 Yes No

I know, that:

- on the information sheet 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

You will receive a copy of this page with your signature if you so wish.
If you have any questions, please contact: Tel. +41 (0)58 404 01 00 or info@blutspende-nw.ch

Von den Mitarbeitenden der Blutspende Nordwestschweiz auszufüllen:

 Eintrag im LIS erfolgt

Datum/Visum: