

Print the form and fill in the requested information. Don't forget to sign the form.

Send the signed form to:
Finnish Red Cross, Blood Service
Data requests
Kivihaantie 7
FI-00310 Helsinki

OR

Bring the signed form to a Blood Service centre.
Centre locations and opening hours can be found at
www.bloodservice.fi

PROHIBITION OF DATA PROCESSING IN THE BLOOD SERVICE'S RESEARCH ACTIVITIES

By my signature, I confirm that my samples and personal information relating to my health must no longer be used for the purpose of the Blood Service's research activities, and my information must be erased from research project registries.

However, any research results, information included in these results and research material generated from my samples and information prior to the receipt of this notification can be used in a limited scale. The preservation of research results may be necessary for limited purposes, such as for verifying the accuracy of the results of earlier studies.

Details of the person prohibiting data processing
Full name: _____
Personal ID code: _____
Street address: _____
Post code and post office: _____
Place and date: _____
Signature: _____
Blood Service Biobank consent withdrawal
<input type="checkbox"/> With this notification I also withdraw a biobank consent given by me earlier
Receipt of the prohibition notification (To be filled in by the Blood Service)
Place and date: _____
Signature of the recipient: _____
The recipient's name in block letters: _____