

## BIOBANK CONSENT

By signing, I confirm that I have read and understood the attached **Blood Service Biobank's declaration for the sample donor**, and accordingly, give my consent to that:

**My samples, collected along with blood donation, and future samples, alongside my personal information and data on my state of health may:**

- be collected in the biobank, combined with one another and preserved and processed in the biobank in a coded format
- be combined with other register records in the manner described in the declaration
- be transferred with identifier if there is a justified need to do so (e.g. disclosure of personal ID to another data controller for the purpose of combining materials for the purposes of biobank research)
- be transferred, in a coded format, for the purposes of biobank research and product development even outside the European Union
- My samples collected earlier along with blood donation may also be transferred to the biobank.

| In addition, I agree that the Biobank can contact me in the following cases:                              | Yes | No |
|---|-----|----|
| To inform me if an incidental finding that could be significant for my health is discovered in my sample. |     |    |
| To enquire about my willingness to participate in research or sampling that this consent does not allow.  |     |    |

The implications of giving this consent have been sufficiently explained to me. I can withdraw my consent at any time and prohibit the use of the materials without it affecting subsequent blood donations.

### Details of the person giving consent

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

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

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

Signature: \_\_\_\_\_

### Receipt of consent (to be filled in by Blood Service)

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

Signature of the recipient: \_\_\_\_\_

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