

WITHDRAWAL OF BIOBANK CONSENT

By my signature, I confirm that my samples and personal information relating to my health may no longer be used for the purpose of biobank research, and may not be collected or transferred to the Blood Service Biobank.

Following the withdrawal of my consent, my samples and information will no longer be handed over for new studies. 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 to a limited extent. The preservation of research results may be necessary for limited purposes, such as verifying the accuracy of the results of earlier studies.

| Details of the person withdrawing consent |
|-------------------------------------------------------------------------------|
| Full name: _____ |
| Personal identity code: _____ |
| Street address: _____ |
| Postal code and post office: _____ |
| Place and date: _____ |
| Signature: _____ |
| Receipt of the withdrawal notification (To be filled in by the Blood Service) |
| Place and date: _____ |
| Signature of the recipient: _____ |
| The recipient's name in block letters: _____ |