



REQUEST FOR INFORMATION, USE OF SAMPLES AND PERSONAL DATA

By signing this form I request information about the use of my samples and associated personal data in Helsinki Biobank (EU 2016/679 15 art).

Besides the right to obtain my personal information from the biobank, I have the right to limit the use or object to processing of my personal data and request corrections to my data using forms available from Helsinki Biobank. I also always have right to make a claim at the Finnish Data Protection Ombudsman. With this form I request information from the following:

Are my samples or data handled in Helsinki Biobank?

If my samples are handled in Helsinki Biobank, I request the following information:

What information is being handled?

Why is my information being handled?

Who is handling my information, and is this done outside Finland? If my information is handled outside EEA countries, I have a right to be informed of the measures taken to protect my information?

How long will my information be stored in Helsinki Biobank?

How is the information additional to my biobank sample data obtained?

Is my information handled using automated processing? How is this done?

I would also like to make following request:

I would like a printed copy of my information posted to the address stated below

I would like a digital copy of my information delivered to the email address stated below

If multiple printed copies are requested, Helsinki Biobank reserves the right to bill costs of printing and postage for additional copies.





HELSINGIN **BIOPANKKI**
HELSINGFORS **BIOBANK**
HELSINKI **BIOBANK**

Helsinki Biobank
Haartmaninkatu 3,
PO Box 400
FI-00029 HUS

biopankki@hus.fi
www.helsinkibiobank.fi
Tel. 050-4217659

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<p>Contact details</p> <p>Name:</p> <p>Personal identification number (or time of birth if not available):</p> <p>Street address:</p> <p>Email address:</p>
<p>Time and place:</p> <p>Signature:</p>
<p>Recipient (to be filled in by the biobank)</p> <p>Time and place:</p> <p>Name and signature:</p>

www.helsinkibiobank.fi
biopankki@hus.fi
Tel. 050-421 7659
v.180610

Postage paid in Finland:
HUS, Helsinki Biobank
Info HUSBI
Code 5000493
00003 VASTAUSLÄHETYS

