



By signing this form, I acknowledge that I have read the Helsinki Biobank information form for sample donors for sample donors and understand its content. Accordingly, I agree that my samples and personal data regarding me and my samples:

- can be collected in the biobank, combined in the biobank, and stored and processed in the biobank;
- can be combined with other registry data in a manner defined in the information form;
- can be disclosed, in a coded form, to biobank research also outside the European Union, provided that the data protection at the receiving end is as secure as in the European union;
- can be disclosed with an identifier if there are justified reasons for doing so (such as disclosing the personal identity code to another registrar so that material can be linked).

I have been adequately informed about the meaning of the consent and I understand that the consent is voluntary. I can withdraw this consent or a prior consent at any time, prohibit the use of the transferred material or exercise other rights described in the information form. Processing is based on the Biobank Act (688/2012, Section 5) and EU General Data Protection Regulation ("GDPR"), Article 6(1) (a) and (e), Article 9(2) (a), (g) and (i). I authorise the biobank to contact me in matters related to the processing of my information.

I also authorise the biobank to contact me in the following cases (please answer yes or no):

- To inform me of findings from my samples which are of significance to my health

Yes No

- To inquire whether I would like to provide additional samples or participate in forms of research that are not covered by this consent.

Yes No

Consentee information

Consentee name:

Personal identification number (or time of birth if not available):

Date and time:

Consentee signature:

Consent received on behalf of Helsinki Biobank

Date and time:

Name and signature:





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