



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

Helsinki Biobank
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www.helsinkibiobank.fi
Tel. 050-4217659

OBJECTION TO PROCESSING OF PERSONAL DATA

By signing this form I object to processing of my personal data (EU 2016/679 21 art).

I hereby request that the Helsinki Biobank no longer processes my personal information. This request concerns the data generated and managed by Helsinki Biobank and covers the sample registry, consent registry and pseudonym registry. After receiving this signed form, Helsinki Biobank will take immediate actions to comply with this request.

Contact information

Name:

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

Address:

Date and time:

Signature:

Recipient (to be filled in by biobank)

Date and time:

Name and signature:

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