

Declaration of consent for the use of health-related data and samples for research purposes

Patient



Surname	AA	PID	1111111
First name	BB	OE	888
Date of birth	01.01.1900		

I herewith agree,
that my health-related data and samples collected during health care (ambulant or as an inpatient) will be available for research purposes.

Yes No

I understand

- the explanations about further use of my health-related data and samples for research purposes that are detailed in the information sheet (V3.1, 27.09.2021).
- that my personal data are protected.
- that my data and samples may be used in national and international projects, within the public and private sectors.
- that projects may include genetic analyses of my samples for research purposes.
- that I may be recontacted in case of individually significant findings, if any.
- that my decision is voluntary and has no effect on my treatment.
- that my decision is not limited in time.
- that I may withdraw my consent at any time without having to justify my decision.

.....
Place, date

.....
Patient's signature, if judicious

.....
Place, date

.....
Signature of legal representative, if required
(Name and relationship to patient)

Please consider the following contact or your physician, if you have further questions or if you wish to receive a copy of this form with signature.

Universitätsspital Basel, Departement Klinische Forschung, Spitalstrasse 8/12, 4031 Basel
Telefon +41 61 328 77 17, klinischeforschung@usb.ch