

Engelska

Do you not want your sample to be saved?

Certain samples are routinely saved to be able to be of use in your future treatment and care. The samples can also be of great value to medical research. It is nevertheless you who decides if your sample may be saved or if it must be destroyed or unidentified.

You use this counterfoil (stub) if you **do not consent** to your sample being saved or if you want to **limit the use** of your saved sample. Mark your choice with an X below, provide information about the sample and sign it with your name and date. Then send the counterfoil to the address at the very bottom. Your sample is saved until a signed counterfoil is received.

Note! If you consent to your sample being saved for all of the reasons indicated below, you do **not** need to send in the counterfoil!

If you would like to know more about the Biobanks in Medical Care Act and the saving of samples, please see www.biobanksverige.se.

No-counterfoil (stub)/Nej-talong/

The sample may be saved for care and treatment, but not used for/Provet får sparas för vård och behandling, men inte användas till/

research or clinical trials/forskning eller klinisk prövning/

education, quality and development efforts within healthcare/utbildning, kvalitets- och utvecklingsarbete inom vården/

The sample shall be destroyed or separated from identification labelling after analysis./Provet ska förstöras eller avidentifieras efter analys/

The sample will either be destroyed or identification labelling will be removed – you cannot choose one or the other. Removal of identification labelling means that the sample is saved, but the means of identifying you as the sample donor no longer exist after analysis. If you want a confirmation **when the sample has been destroyed or identification removed**, tick the box below. Note that the analysis results are not destroyed.

Yes, please send confirmation to my registered address./Ja tack, skicka bekräftelse till min folkbokföringsadress/

Sample information/Provuppgifter/

The information on the sample can be filled in together with healthcare personnel.

Information identifying the sample concerned is to be provided here (USE BLOCK LETTERS!):

Name: National ID number:
Namn Personnummer

Date/period sample(s) was/were taken/: Hospital/care centre:
Provtagningsdag/-period Sjukhus/mottagning

blood test/blodprov/ cell or tissue sample/cell- eller vävnadsprov/ other sample/annat prov/

Space for barcode/Plats för streckkod/ (not required):

Signature/Underskrift/

The sample donor/patient or alternatively **legal guardian** shall sign the counterfoil.

Note! If the counterfoil concerns a child/minor and there are two legal guardians, both must sign.

Date:
Datum

Signature: (Signature).....
Underskrift (Underskrift).....

Signed by sample donor/patient *or* Signed by legal guardian
Undertecknad av provgivare/patient *Undertecknad av vårdnadshavare*

Send to/Skickas till: Regionalt biobanksregister, Universitetssjukhuset i Lund, 221 85 Lund.