

BIOBANK CONSENT AND ACCEPTANCE GIVEN ON BEHALF OF / TOGETHER WITH AN UNDERAGE CHILD

<p>I consent to the following concerning my underage child,</p> <p>Name _____ Personal identity code _____ :</p> <ul style="list-style-type: none"> • Samples may be collected from them in the future as part of treatment-related sample collection and transferred to and stored and processed by the Biobank. • Samples collected from them in other situations (in a research study, for example) may be transferred to the Biobank. <p>I give my acceptance that personal data concerning my underage child and their health may be:</p> <ul style="list-style-type: none"> • attached to their sample and stored and processed by the Biobank • linked to other registry data as described in the Information Sheet • disclosed, in coded form, for biobank research, including to countries outside the European Union • disclosed, with identifiers, where a justified need exists (for example, providing their personal identity code to another data controller for the purpose of linking data sets). <p>My consent and acceptance are based on the <i>FHRB Biobank's Declaration for Sample Donor – Minors</i> (TIE-0192, edition 1) and the associated Cover Letter for Guardians (TIE-0195, edition 1). I have been given adequate information by a professional familiar with biobanking. I have been told that giving my consent and acceptance is completely voluntary. I can withdraw my consent before samples are collected and transferred to the Biobank and/or object to the use of the material transferred by submitting a signed Biobank Refusal form to the FHRB Biobank without this affecting any treatments related to my child's illness in any way. I have discussed the matter with my child as is appropriate for their level of understanding, and they do not object to this consent being given. A healthcare professional has assessed my child's level of understanding, and my child has been given information about the Biobank that is appropriate for their age and level of development.</p> <p>I have discussed giving this consent and acceptance with the child's other guardian (joint custody).</p>
<p>I also consent to the Biobank contacting me and/or my child in the following situations:</p> <p>Research uncovers significant information relevant for my child's health that might benefit my child in relation to the treatment or prevention of a disease. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My child might be eligible for a study to which this consent does not apply. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Guardian's consent and acceptance</p> <p>Guardian's name _____ Personal identity code _____</p> <p>Date _____ Signature _____</p>
<p>Underage child's/adolescent's attached consent and acceptance</p> <p>I have been told about the Biobank and I give my consent and acceptance to my samples and data being used by the Biobank. I know that I can change my mind at any time and fill in the Biobank Refusal form.</p> <p>Date _____ Child's/Adolescent's signature _____</p>
<p>Person providing the information and in receipt of consent and acceptance</p> <p>Name, signature and date</p>