



Biobank refusal

I refuse to allow my samples and data to be transferred to, processed by or released by Tampere Biobank for biobank research.

The refusal is valid from the time Tampere Biobank receives the signed form.

Refusal submitted by:

Refusal submitted by: _____
(last name, first name)

Personal identity number: _____
(or date of birth, if none)

Address: _____

My signature confirms the refusal:

Place and date: _____

Signature: _____

Refusal received by (to be completed by Tampere Biobank):

Place and date: _____

Signature of recipient: _____

Printed name of recipient: _____

The original signed refusal form will be filed at Tampere Biobank. A copy of the refusal form will be returned to the person who submitted it.

You may return the refusal form by post to Tampere Biobank or in person at the hospital.

Return (postage paid):
Tampere Biobank
Tampere University Hospital
INFO: 924
TUNNUS: 5003897
00003 VASTAUSLÄHETYS

Hospital District internal address:
(to PSHP personnel only)
Tampere Biobank
FM5, 1st Floor