



Biobank refusal on behalf of a minor

I refuse to allow samples and data from my under-age child, _____ (name),
_____(personal identity number),
_____(address),
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: _____

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