



## 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  
FM1, 1st Floor