AURIA BIOBANK

REQUEST FOR INFORMATION
Biobank Act (688/2012), Section 39

Name	Personal identity code
Address	Telephone number
Controller **Wellbeing services county of Southwest Finland,** P.O. Box 52, FI-20521 Turku, VAT ID FI32210651	

I am requesting information about

☐ Whether samples and information concerning me are stored in Auria Biobank

☐ The grounds for storing my samples and information

☐ The source of the information concerning me

☐ Where the samples taken from me and the related information have been assigned or transferred to

☐ Information in biobank research as determined based on my sample, and an account of the significance of the information

☐ Other personal information concerning me

Date	Signature

If you have changed your personal identity code, and you want information on your previous identity code, fill in both codes in the form.

Previous personal identity code: _____

Send the signed form to the address: Auria Biobank, P.O. Box 52, FI-20521 Turku

TO BE FILLED IN BY AURIA BIOBANK	**Date received:**	
Date delivered	Signature and printed name of person delivering the information	
Delivery markings	Number of copies	