AURIA BIOBANK

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

Child's first and last name	Personal identity code

Controller
Wellbeing services county of Southwest Finland
P.O. Box 52, FI-20521 Turku, VAT ID FI32210651

I am requesting information about

☐ Whether the child's samples and information are stored in Auria Biobank

☐ The grounds for storing the samples and information

☐ The source of the information concerning the child

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

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

☐ Other personal information concerning the child

Name of parent/guardian	Telephone number

Address of parent/guardian	

Date	**Signature and printed name of parent/guardian**
	Child's signature and printed name (Required if the child is 12–17 years old, or if the child is under the age of 12 and has signed the biobank consent form along with his/her parent/guardian).

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	