

1. Name of the person who the request for information concerns	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 the person specified in item 1 are stored in Auria Biobank ☐ The grounds for storing the samples and information ☐ The source of the information concerning him/her ☐ Where his/her samples and information have been assigned or transferred to ☐ Information in biobank research as determined based on the sample, and an account of the significance of the information ☐ Other personal information concerning him/her	
INFORMATION ABOUT THE PERSON MAKING THE REQUEST	Information can only be disclosed if the person requesting the information has given refusal or consent on behalf of the person specified in item 1.
Name	
Address	
Date	Signature

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	