

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 <input type="checkbox"/> Whether the child's samples and information are stored in Auria Biobank <input type="checkbox"/> The grounds for storing the samples and information <input type="checkbox"/> The source of the information concerning the child <input type="checkbox"/> Where the samples taken from the child and the related information have been assigned or transferred to <input type="checkbox"/> Information in biobank research as determined based on the child's sample, and an account of the significance of the information <input type="checkbox"/> 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	