

Biobank refusal

I do not consent to my samples and personal information being stored in Auria Biobank, processed by the biobank and assigned for biobank research.

The refusal of consent will take effect upon receipt of the signed refusal form by Auria Biobank.

Details of the person refusing consent:

Personal identity code:

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Full name:

Address

Date and Signature:

Please send the refusal form to:
Biobank Director
Auria Biobank
P.O. Box 52
FI-20521 Turku, Finland

VSSH P's internal address:
(for VSSH P staff only)
Biobank Director
Auria Biobank
Department of Pathology, 937

Receipt of the refusal form (to be filled in by Auria Biobank):

Name, Date and Signature: _____