

Change of Consent

Please use this form if you want to change what your or your child's stored sample may be used for. Instructions can be found on the back of the form. The form should be sent to the Region where the sampling took place. Addresses can be

found at biobanksverige.se. For your request to be valid, all fields need to be completed. You can also change the use of samples by logging in to 1177.se and submitting a request via "Ändring av samtycke prov i biobank".

1. Personal data

Enter the personal data of the person to whom the change relates.

Name:

National ID number (12 numbers):

2. What kind of sample was it?

Mark one more boxes.

Blood sample

Other sample type, specify:

Cell or tissue sample

Where did the sampling take place? (Name of hospital/Health Centre)

When did the sampling take place? Enter sampling day or time period

3. Sample may be used for

Your future healthcare	Yes	No
Education, quality assurance and developmental work within healthcare	Yes	No
Research	Yes	No
Product development	Yes	No

Please note: If you mark 'No' for all alternatives, your samples will be destroyed, and the decision cannot be reversed. Your choices will be documented in your medical records.

4. Contact

We may need to contact you via your registered address for additional information.

I do **not** want to be contacted. I am aware that this may lead to this request not being processed.

5. Confirmation

I want confirmation sent to my registered address concerning the receipt of this form.

6. Signature A child over the age of 15 has the right to complete and sign his/her own request concerning change of consent. When the child is 13 or 14 both the child and the legal guardians need to sign the request. A child 12 years of age or younger is represented by legal guardians. In the case of two legal guardians, both need to sign.

Date and signature (sample donor):	Print name:
Date and signature (legal guardian):	Print name:
Date and signature (legal guardian):	Print name:

Information about the form

If you want to know more about the Swedish Biobank Act or why samples are stored, see 1177.se or biobanksverige.se.

Please note:

- For PKU samples there are separate forms, see biobanksverige.se.
- If the sampling took place at a private caregiver, please contact said caregiver for information concerning how to restrict the use of your stored samples.
- If you participate in a research project and want to change your consent, contact the project's responsible researcher.

2. What kind of sample was it?

- Cell and tissue sample: Can be, for example, a gynaecological cell sample, biopsy, tissue from surgery, bone marrow, spinal fluid sample.
- Other sample type: Enter description of another type of sample, for example: Urine sample, stool sample, saliva, wound fluid.

Where did sampling take place? Enter the name of the hospital or healthcare centre/ equivalent where your or your child's sample, were taken.

When did sampling take place? Enter the date of sampling. If you are unsure of the date, please specify the time period your change of consent regards. You cannot say no to samples being stored in a biobank if the sample has not yet been taken.

3. Sample may be used for

According to the Swedish Biobank Act, samples may be stored for different purposes.

- *Your future healthcare:* If a treatment has not had the intended effect a stored sample can be compared with a new sample to make a more reliable diagnosis. Stored samples may be of importance for your relatives in the investigation and treatment of hereditary diseases.
- *Education, quality assurance and developmental work within healthcare:* Stored samples may be used by the healthcare provider for training of staff, quality control or development of analysis methods.
- *Research:* Stored samples may be used for research with the aim of improving disease prevention and treatment. All research projects must be approved by the Swedish Ethical Review Authority.
- *Product development:* Stored samples can be used for evaluation and/or quality assurance of a new product, that can be used within healthcare, for example laboratory equipment.

4. Contact

If there is not enough information given in the form to be able to identify which sample(s) the change of consent refers to, we may need to contact you for additional information. In the case, you do **not** wish to be contacted, please fill the box under 'Contact' (no.4)

5. Confirmation

If you leave the box unfilled, it means you do **not** want a confirmation letter sent to you.

6. Signature

Signatures of trustees and spouses are not accepted.