

WRITTEN CONSENT (minors)

Informed consent for voluntary donations of biological samples for research purposes at BICUIB

DONOR STATEMENT:

Mr/Ms, living at and holding ID document, as representative (in the event of minors or those with a disability) of patient Mr/Ms aged, living at and holding ID document

HEREBY STATE THAT

- I have read the fact sheet provided to me
 I have been able to ask any questions regarding my donation to the Biobank.

I have been informed by the health professional who signs below:

- About the advantages and disadvantages of this procedure
 About the location for obtaining, storing and processing personal data and samples
 That my samples and personal data shall be provided with reversible coding to researchers who benefit from the transfer of necessary samples for research
 That I may withdraw my consent to transfer samples and request the right to access, rectify, erase and object regarding all my personal data stored at BICUIB at any time, by writing to the institute (BICUIB. University of the Balearic Islands. Ed. Instituts Universitaris de Recerca Campus UIB. Ctra. Valldemossa s/n. 07122 - Palma) or to the organisation providing me with this consent form. Withdrawal shall not extend to data arising from research that has already been carried out
 That I have understood the information I have received and my queries have been answered by asking questions that I deemed relevant.

I CONSENT TO

- The inclusion of samples, which I voluntarily donate, at BICUIB for processing and storage
 Biobank and other public or private research centres, via transfer agreements with the former, using the transferred samples and associated data, including information about my health, for biomedical research, with the confidentiality of my data always being ensured in accordance with what is set out in Organic Law 3/2018 on Personal Data Protection and Act 14/2007 on Biomedical Research.

I consent (tick yes or no) to the medical health professional contacting me in the future, where deemed appropriate, in order to add new data to those collected and/or request a donation of new samples to BICUIB.

YES NO

DONOR representative signature:

Health professional statement:

I have duly informed the donor

Mr/Ms.....

Dr.....

In on..... of of 20...

In on of of 20...

This document shall be signed in triplicate, with one copy for the BICUIB Biobank, one for the patient and one for the centre where the sample was taken.

PATIENT COPY

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BICUIB COPY

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COPY FOR THE CENTRE WHERE THE SAMPLE WAS TAKEN



WITHDRAWAL OF CONSENT

I, Mr/Ms holding ID document
.....withdraw my consent granted to BICUIB on of of 20..... and do not
wish to continue the specified voluntary donation in said document, which I hereby terminate on today's date.

I therefore request:

- Anonymisation of my samples
- Destruction of my samples and associated data.

DONOR signature:

In on of of 20.....

SEND TO:

University of the Balearic Islands Kidney Stone Biobank
Edificio Institutos Universitarios de Investigación
University of the Balearic Islands
Ctra. Valldemossa km 7.5
07122 – Palma

E-mail: renal.lithiasis.lab@uib.es