



WRITTEN CONSENT (before witnesses)

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

STATEMENT: I, Mr/Ms..... (name and surname(s)) holding ID document, as a witness, affirm that in my presence Mr/Ms (name and surname(s)) holding ID document has been informed and

HEREBY STATE THAT

- S/he has read the fact sheet provided to her/him
- S/he has been able to ask any questions regarding her/his donation to the Biobank.

S/he has 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 her/his samples and personal data shall be provided with reversible coding to researchers who benefit from the transfer of necessary samples for research
- That s/he may withdraw consent to transfer samples and request the right to access, rectify, erase and object regarding all her/his 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 her/him with this consent form. Withdrawal shall not extend to data arising from research that has already been carried out
- That s/he has understood the information s/he has received and her/his queries have been answered by asking questions that s/he deemed relevant.

CONSENT TO

- The inclusion of samples, which s/he voluntarily donates, 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 her/his health, for biomedical research, with the confidentiality of her/his 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.

S/he consents (tick yes or no) to the medical health professional contacting her/him the future, where deemed appropriate, in order to add new data to those collected and/or requesting a donation of new samples to BICUIB. YES NO

WITNESS signature:

Health professional statement:
I have duly informed the donor

Mr/Ms.....
In on..... of of 20...

Dr.....
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