SAMPLES DONATION FORM

Sending Doctor

Name: Surname:

Hospital/Centre: Service:

Contact telephone number: e-mail:

☐ I would like to receive information from CIBERER-Orphanet

☐ I authorise to disseminate my contact details to the researchers interested in this sample.

Patient Data

Name: Surnames:

Medical History Number:

Date of birth: Gender: Ethnicity:

Locality: Province:

Diagnosis

Clinical diagnosis:

Genotype: Gen Mut 1 Mut 2

Tipo de muestra

☐ Blood Number of EDTA tubes: Number of ACD tubes:

☐ Tissue* (specify the medium in which it is sent):

☐ Others*

* Contact, in advance, with the CIBERER Biobank staff. Telephone number: +34 961926321

Important. Please, indicate:

Date and time of extraction: ……Fasting (Y/N):……

Medication that the donor is taking: ……

ATTACH A COPY OF THE INFORMED CONSENT

Date: Signature:

Personal data transferred to the CIBERER Biobank will be treated in accordance with the provisions of the General Regulation (EU) 2016/679, of the European Parliament and of the Council, of April 27, 2016 on the Protection of natural persons with regard to the treatment of personal data and the free circulation of these data, which entered into force on May 25, 2018. In this sense, they will be incorporated into a data file for processing, and the coded samples may be transferred to research groups accepted by the CIBERER Biobank, so that they do not have the personal data of the patient. The patient may exercise the rights of access, rectification, cancellation and opposition of their personal data, in the legal terms established by Law 15/1999, by ordinary mail to the CIBER (Instituto de Salud Carlos III, C/ Monforte de Lemos, 3-5, Pabellón 11, CP 28029, Madrid).

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