SAMPLE REQUEST FORM FOR HEALTH CARE PURPOSES

Applicant details

Name:	Surname:
CIBERER Member:	
Institution / Hospital:	
Department:	
Postal Adress:	Province:
Country:	Contact telephone number:
e-mail:	

Sample requested

Catalogue code:
Sample type:
OMIM code:

Description of the test to be performed

☐ ***Clinician Commintment Attached***

Date: Signature:

(A cumplimentar por el CIBERER Biobank)

Request Approved: Date:

Signed by: CIBERER Biobank's Scientific Director

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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