

Directorate of Teaching and  
Research

## Declaration of consent

Patient's surname and first name:

Date of birth:

Please tick (a declaration of consent without a tick will apply to both areas):

**For the use of biological material and health-related data for medical research (page 1 of information sheet or part A of leaflet)**

I herewith agree that

- my health-related data (e.g. my patient file) will be made accessible to research. In this respect, I release the attending physicians from their obligation to confidentiality.
- the biological material taken from me in Insel Gruppe for purposes of diagnosis and treatment and my genetic data, if available, may be used for further research purposes.

**For an additional blood sample for Liquid BioBank Bern (page 2 of information sheet or part B of leaflet)**

I herewith agree that

- one additional blood sample (maximum 20 millilitres, which is equivalent to two sample tubes) may be taken from me for research purposes. The blood sample will be taken as follows:
  - together with a routine blood sample (additional tube, no additional needle prick)
  - via an existing indwelling venous catheter (known as a Venflon, no additional needle prick)
  - as an additional blood sample (if neither of the above options is possible)
- if required the following additional details may be collected together with the blood sample: height / weight / ethnic group (e.g. Caucasian)
- my biological material and health-related data can be used according to part A

### I confirm that

- I have received the information sheet on this declaration of consent (version V1.0 dated February 2016) and that I have had the opportunity to request the additional information leaflet (version 2.0 dated February 2016).
- I have been adequately informed of the further use of biological material and health-related data for biomedical research;
- I have been given the opportunity to ask questions and that these have been answered to my satisfaction;
- my consent is voluntary and that, whatever I decide, I will not experience any advantages or suffer any disadvantages;
- I know that I can revoke my consent at any time without giving any reason;
- I know that my biological material and health-related data may only be passed on in coded or anonymised form to other institutes in Switzerland and abroad for research purposes;
- I know that I can read the Liquid BioBank regulations at any time on [www.biobankbern.ch](http://www.biobankbern.ch).
- I know that I will not be informed of results of the study even if they relate to my health.

Place, date:

Patient's signature:

and/or

Place, date:

Signature of legal representative (first name and surname, signature):

Please contact your doctor or the Directorate of Teaching and Research for further information.