

No-counterfoil (stub)/Nej-talong

FOR THOSE WHO DO NOT WANT TO SAVE THEIR SAMPLES

As a patient, you have recently provided a sample or samples of some form, such as a blood or tissue sample. Certain samples are routinely saved to ensure the possibility of the patient receiving a reliable diagnosis and the proper treatment. These samples can also be of great value to medical research.

You use the no-counterfoil (stub) in the following situations:

- If you do not consent to the sample being saved
- If you would like to limit the use of your saved sample

In these instances, mark your choice in the no-counterfoil below, provide information on the sample and sign it. Then send the counterfoil to *Skicka sedan talongen till*: Biobanksregistret, Universitetssjukhuset, 221 85 LUND

Your sample will be saved until a signed no-counterfoil has been received.

If you consent to your sample being saved for care and treatment, and activities consistent therewith, you need not send in this counterfoil.

No-counterfoil / stub/Nej-talong:

- The sample may not be used for research or clinical trials. The sample may be saved solely for the purpose of care. (including my own treatment and care, the training of health care personnel and quality and development work within health care).
Provet får inte användas till forskning eller klinisk prövning. Provet får sparas enbart för vårdändamål (inkluderande min egen vård och behandling, utbildning av vårdpersonal och kvalitets- och utvecklingsarbete inom vården).
- The sample may not be used for: _____
(indicate an optional combination of the purposes stated above)
*Provet får inte användas till:
(ange valfri kombination av ovan angivna ändamål).*
- The sample shall be discarded after analysis.
Provet ska kasseras efter analys.

Signature and sample details:

Underskrift och provuppgifter:

Sample details should be filled in by health care personnel at the time the sample was taken.

Provuppgifterna bör vid provtillfället fyllas i av sjukvårdspersonal.

Date <i>Datum</i>	Patient signature, or signature of guardian/kin <i>Underskrift av provgivare alt vårdnadshavare/närstående</i>
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Information identifying the sample involved is to be provided here:

Ange här uppgifter som identifierar vilket prov det gäller:

Name: _____
Namn:

National reg. no.: _____
Personnummer:

Date(s) of sample(s): _____
Provtagningsdag/-period:

Hospital/care centre: _____
Sjukhus/mottagning:

Type of sample involved (blood, cell sample/smear test, other tissue sample, other type of sample):

Typ av prov som avses (blod, cellprov, annat vävnadsprov, annan provtyp):

Space for barcode (not required):

Plats för streckkod (ej krav):