

WRITTEN CONSENT

FOR SHARING DATA IN RELATION TO MY DISEASE

About me Regarding my child Regarding a person lacking legal capacity
Deceased family member Family relation Year at death: _____

Social security number: _____ Tell: _____

Name: _____ E-mail: _____

Treatment at following hospital: _____

Diagnoses, year: _____

Information from medical journals, x-ray images, laboratory analyses etc. can be forwarded to:

Clinical Genetic Department [Hospital] Yes No
- in case the consent form is collected in relation to cancer surgery

Clinical Genetic Departments in relation to counselling of family relatives Yes No

Tissue from the surgery may be analyzed for relevant biomarkers Yes No
- in case the consent form is collected in relation to cancer surgery

Material from blood samples, abovementioned tissue etc. can be stored for future analyses Yes No

Information can be forwarded to:

Breast cancer database Yes No

HNPCC Register (for hereditary colorectal cancer) Yes No

(Detailed information on the registers will be given at the genetic counselling at the Clinical Genetic Department)

Date: _____ Signature: _____

Medical doctor: _____