Consent form for use of health data and biological samples for research purposes – for the legal representative of a minor patient under the age of 14 years

Patient	lahal
Falleni	lanei

Patient last name and first name		Patient date of bi
Last name and first name of legal	representative	
Address and phone number of leg	al representative	
Indicate relationship to patient		
Email address of legal represental	ive	
-	ns and hospital stays), p	al samples of my child/the person concerned collect previously and in the future, being kept, passed on a
	YES	□ NO
If you ticked "YES", please respond	I to statement B. If you ticked	"NO", please go directly to point C.
-		/ child/the person concerned being taken for the CHL etic analyses for research.
	n if my state of health allows i	it. The quantity of blood taken will not exceed 7.5 ml (the equivale
of a tablespoon).It will be taken at the same tinThe blood collected will be used	-	s already needed for my care, to avoid another needle prick s for research purposes
	YES	□ NO
However you respond, please go t	o point C.	
-		
Confirmation of my decis	sion	
I have understood:		
leaflet;	-	al samples for research purposes, as detailed in the informati
		any further information or explanations;

• that the personal data of my child/the person concerned are protected and will only be used for research in a coded or anonymised form;

• that their data and biological samples may be used in research projects carried out in Switzerland or in other countries;

• that research projects are carried out in the hospital or in conjunction with other public institutions (such as other hospitals or universities) and private entities (such as pharmaceutical companies);

• that projects may include genetic analyses of their biological samples for research purposes;

• that I may be contacted again if any results that are relevant to the health of my child/the person concerned are found;

· that I am taking the decisions above on their behalf, taking their views into account;

that my decisions are voluntary and will not have any effect on the medical treatment given to my child/the person concerned;
that my decisions are valid until my child/the person concerned has reached the age of 18 years, unless my child/the person concerned and I change our decisions in the meantime;

• that until my child/the person concerned has reached the age of 18 years, I can withdraw this consent at any time, without having to provide a reason. This decision must be taken jointly with my child/the person concerned;

• that after the age of 18 years, my child/the person concerned will receive documentation in their own name so that they can take a decision on the use of their data and biological sample for research purposes, and whether they wish to contribute to the BGC;

• that if I tick "NO" for statement A when signing the form, their clinical data and biological samples cannot be used for research;

• that if I do not sign the consent form, the law provides that their data and samples may be used on an exceptional basis if the relevant ethics committee grants special authorisation.

By signing this form, I confirm that I have informed my child to the extent that they are capable of understanding, and I am taking the decisions above in accordance with their wishes.

Place and date

Signature of patient

Place and date

Signature of legal representative

A parent who signs this form must inform the other parent.

Please do not hesitate to contact us if you have any questions or comments.





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