

## 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: \_\_\_\_\_