

Declaration of consent for the use of health data and samples for research purposes for the patient who is a minor between 14 and 17 years of age

Patient's first name and surname

Patient's date of birth

Legal representative's first name and surname

Address of the legal representative

Indicate the relationship with the minor patient

Telephone number of legal representative

A. I agree that my health data and residual biological samples collected during care (outpatient consultations and hospitalisations) may be stored, transmitted and used for research purposes.

yes no

Whatever your answer, please proceed to point B.

B. Confirmation of my decision

I have understood:

- the explanations on the re-use of health data and biological samples for research purposes, detailed in the information brochure;
- that I am free to contact the HFR on the contact details given at the bottom of this form, or an HFR doctor for further information and explanation;
- that my personal data is protected and will only be used for research in an encrypted or anonymised way;
- that my data and biological samples can be used in national and international research projects, in the public and private sectors;
- that projects may include genetic analysis of its samples for research purposes;
- that my decisions are free and voluntary and do not affect my medical treatment;
- that my decisions are valid until I turn 18, unless I change my mind in the meantime;
- that I can withdraw this consent at any time without having to explain why;
- that from the age of 18, I will again have the possibility to express my choice to participate or not in research;
- that I could be contacted again in the event that results relevant to my health are identified;

- that if I tick 'NO' to point A when signing this declaration, my clinical data and biological samples cannot be used for research;
- that if I do not sign the declaration of consent, the law provides that my data and samples may exceptionally be used if the competent ethics committee gives its special permission.

Place and date

Patient's signature

Place and date

Signature of legal representative

- The minor is not capable of making this decision and signing this document.
In this case, the signature of the legal representative is mandatory.

The parent who signs is obliged to inform the other parent.

If you have any questions or comments, please do not hesitate to contact us.

By post:

HFR - Hôpital Fribourgeois Medical management
P.O. Box 1708 Fribourg

By e-mail:

direction.medicale@h-fr.ch

By telephone:

Medical directorate
T +41 26 306 01 60
Mon - Fri: 08:30 - 11:30 / 13:30 - 16:30

Further information

www.h-fr.ch/nos-recherches/consentement-general

