*Institution*

**Information about the use of health-related data and samples for research purposes**

Dear Patient

Our ability to diagnose and treat diseases has progressed significantly in recent decades. These progresses are the result of long-standing medical research in which doctors, scientists and patients of several generations have actively participated. An important part of this research relies on patients’ health-related data from medical history, such as results of laboratory analyses, therapy information or genetic predispositions. Any biological material collected during the hospital stay and which is no longer needed for the treatment, is also extremely valuable for research. These leftover samples can be for example blood, urine or tissue samples.

This leaflet explains how patients can contribute to medical progress and provides information in terms of data protection and associated rights. Thank you for your interest and attention.

**How can you contribute to research?**

By signing the declaration of consent with «Yes», you are making your clinical data and leftover samples available for research purposes. Data and samples include those, which have been collected and will be collected during your hospital stay. Your consent is voluntary. It remains valid indefinitely or until withdrawn. You are entitled to withdraw your consent at any time without having to justify your decision. After withdrawal your data and samples will not be available for new projects. Your decision has no effect on your medical treatment.

**How are your health-related data and samples protected?**

Data are stored within the hospital and protected in accordance with the applicable legal requirements. Only authorised employees from the hospital, e.g. physicians, have access to your uncoded data and samples. Your samples are stored in biobanks which contain structured collections of samples under safety regulations (biobank regulations).

If your data and samples are used for a research project, they will be coded or anonymized. Coded means that all personal information such as your name or birth date is replaced by a code. The key showing which code belongs to which person is kept safe by a professional who is not involved in the research project. Persons who do not have the code are not able to identify you. In case of anonymization, the link between the biological material and/or associated data and the participant is definitely removed, so that no specific participant can be reidentified.

**Who may use your health-related data and samples?**

Data and samples may be used by authorised researchers for research projects within the hospital or in collaboration with public institutions (such as other hospitals) and private entities (such as pharmaceutical companies), in Switzerland and abroad. For research abroad, it must be ensured that at least the same data protection conditions are followed as in Switzerland. The projects may include genetic analyses for research purposes. Research projects relying on your data and samples have to be authorized by the relevant ethics committee.

**Will you be informed about research results?**

Research carried out with your samples and data will generally not reveal any individual information for your health. In rare cases, research results might be relevant or significant to your own health and clinical action might be possible. In these cases you might be informed.

**Will there be any costs or financial benefit?**

There are no additional costs generated. The law excludes commercialization of data and samples. Thus, no financial benefits will be generated for you or the hospital.

**If you have any questions or would like additional information, please contact us at the address below or visit our website at** www.xy

Contact institution

*Patient label*

**Declaration of consent for the use of health-related
data and samples for research purposes**

|  |  |
| --- | --- |
| …………………………………… | ……………………… |
| Patient’s surname and name | Date of birth |

I herewith agree

that my health-related data and samples collected during health care (ambulant or as an inpatient) will be available for research purposes

|  |  |
| --- | --- |
| ☐ YES | ☐ NO |

I understand

* the explanations about further use of my health-related data and samples for research purposes that are detailed in the information sheet (version x, date).
* that my personal data are protected.
* that my data and samples may be used in national and international projects, within the public and private sectors
* that projects may include genetic analyses of my samples for research purposes.
* that I may be recontacted in case of individually significant findings, if any.
* that my decision is voluntary and has no effect on my treatment.
* that my decision is not limited in time.
* that I may withdraw my consent at any time without having to justify my decision.

|  |  |
| --- | --- |
| ………………………… | ………………………………………… |
| Place, date | Patient’s signature, if judicious |

|  |  |
| --- | --- |
| ………………………… | ………………………………………… |
| Place, date | Signature of legal representative, if required(Name and relationship to patient) |

Please consider the following contact or your physician if you have further questions or if you wish to receive a copy of this form with signature.

*contact*