#### 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 advances 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 that 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 that 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 It remains valid indefinitely or until withdrawn.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 is 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 that 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 anonymised. Coded means that all personal information such as your name or date of birth 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. People who do not have the code are not able to identify you. In case of anonymisation, 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 authorised 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 commercialisation 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 first na		Date of birth
•		and samples collected during health care vailable for research purposes
I understand		
<ul> <li>the explanations about the</li> </ul>		my health-related data and samples for researc ion sheet (version x, date).
<ul> <li>that my personal data are  </li> </ul>	protected.	
<ul> <li>that my data and samples public and private sectors.</li> </ul>	s may be used	l in national and international projects within the
<ul> <li>that projects may include g</li> </ul>	genetic analyse	es of my samples for research purposes.
<ul> <li>that I may be recontacted i</li> </ul>	in case of indiv	idually significant findings, if any.
<ul> <li>that my decision is volunta</li> </ul>	ry and has no	effect on my treatment.
<ul> <li>that my decision is not limit</li> </ul>	ted in time.	
<ul><li>that I may withdraw my cor</li></ul>	nsent at any tir	me without having to justify my decision.
Place, date	Patient's	s signature, if judicious
Place, date	•	re of legal representative, if required and relationship to patient)

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

contact