

I have read and understood THL Biobank's Information Leaflet for Biobank Sample Donors, and voluntarily consent to the following: samples and information about me obtained in connection with the FinHealth 2017 Study may be

- Collected to the Biobank and linked with each other, and stored and processed by the Biobank
  - Linked to data in other registers as described in THL Biobank's Information Leaflet
  - Transferred in coded form to countries outside the EU and EEA (e.g. the United States) for biobank research
- Yes     No

I give my permission for the Biobank to contact me in the following situations:

- To inform me about any important, health-related findings regarding my sample
  - To ask for more information or an additional sample for medical research
- Yes     No

I have received sufficient information on the subject to give an informed consent, and I understand that my participation is voluntary. I understand that I am free to withdraw my consent and prohibit the use of stored samples and data at any time by submitting a notification of this to THL Biobank by email (biopankki@thl.fi) or by mail (THL Biobank, P.O.B 30, FI-00271 Helsinki, Finland).

**Participant:**

First and last name \_\_\_\_\_

Personal identification number \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Signature \_\_\_\_\_

**Consent form received:**

Date \_\_\_\_\_ Place \_\_\_\_\_

Signature \_\_\_\_\_

Name in block capitals \_\_\_\_\_

Title \_\_\_\_\_