

## National FinHealth Study

### CONSENT

I have read the invitation I have received and the description of the study and have understood their explanation of the purpose and content of the study. The content of the study has also been explained to me verbally, and I have received satisfactory answers to my questions about the study. I am aware that my participation is voluntary and that I can withdraw my consent at any time, after which my information will no longer be used in the study.

With my signature I consent to the use of the information provided by me in the study's questionnaires and interviews, the results of my physical examination and the samples taken from me for medical and public health research as described in the Notice to Subject. Furthermore, I consent to the use of the samples taken from me for later research into major chronic diseases and the heredity of their risk factors. I consent to the disclosure of my information in coded form to THL's national and international partners for scientific research or to databases, also outside the EU or EEA (e.g. to the United States, where the level of data protection may differ from that in the EU).

This consent has been drawn up in two identical, signed copies, one copy for the subject and the other for the research team.

Date: \_\_\_\_\_/\_\_\_\_\_/2017

Subject's signature: \_\_\_\_\_

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

Subject's address: \_\_\_\_\_  
\_\_\_\_\_

Subject's date of birth: \_\_\_\_\_

Consent received by (signature, name in block capitals):

\_\_\_\_\_