

DECLARATION OF CONSENT

Tumour separation and tumour shipment

I hereby request my operating surgeon /pathologist to separate a part of my tumour material and to deliver it, sterile and dry at -80 °C on dry ice, through the specified person of trust to the IOZK.

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Patient: Last name, first name

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Date of birth: DD.MM.YYYY

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Date of operation: DD.MM.YYYY

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Date DD.MM.YYYY, Signature patient / legal guardian