

Consent for the disposal of stored tumor material

I hereby confirm, that I do not wish my tumor material, stored at the IOZK, to be kept any longer. I therefore consent to the material being destroyed.

I am aware that the disposal of the tumor material is final and irreversible.
I have been informed that, once disposed of, the material will no longer be available for future diagnostic, therapeutic or other medical purposes.

I expressly request that the storage of the tumor material described above be discontinued and that the material be disposed of, and I consent to both actions.

.....
Patient: Last name, first name

.....
Date of Birth: DD.MM.YYYY

.....
Legal Representative: Last name, first name

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

Please send this form per e-mail to: **info@iozk.de**