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.

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

. . . . . .
Date of birth: DD.MM.YYYY

. . . . . .
Date of operation: DD.MM.YYYY

. . . . . .
Person of trust: Last name, first name

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