

## Consent Form for the Use of Health Data for Research Purposes

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Patient's full name

Patient's date of birth

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Legal representative's full name

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Legal representative's address and phone number

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Indicate relationship to patient

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Legal representative's email address

**A I agree that the health data collected during the care (outpatient consultations and hospitalizations) of the person I represent, mentioned above, may be stored, transmitted, and used for research purposes.**

☐ YES

☐ NO

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### **B Confirmation of my decision**

As the legal representative of the person identified above, I have understood :

- That I'm making the above decisions on their behalf.
- That I'll inform them, to the extent of their capacities, about the decisions I've made regarding the Fondation de Nant's general research consent; I'll also inform the person who succeeds me as their legal representative.
- That if this person regains their capacity for discernment, I'll inform the Fondation de Nant so they can share their decision by completing a new form.
- The explanations about the reuse of clinical data and biological samples for research purposes, as detailed in the information brochure.
- That I'm free to contact the Fondation de Nant using the contact details at the bottom of this form, or a healthcare professional in charge of their care, for more information and explanations.
- That the personal data of the person concerned is protected and will only be used for research in a coded or anonymized manner.
- That their data can be used in national and international research projects, in both the public and private sectors.
- That my decision is voluntary and has no effect on the medical treatment of the person concerned.

- That my decision is valid indefinitely unless I withdraw this consent or the person concerned regains their capacity for discernment and indicates their refusal to participate in research.
- That I can withdraw this consent at any time without having to justify my decision.
- That if I check "NO" at point A and sign this declaration, their clinical data cannot be used for research.
- That if I do not sign the consent form (no response), the law provides that their data and samples may exceptionally be used if the competent ethics committee grants its special authorization

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Place and date

Legal representative's signature

If the person concerned returns to the Fondation de Nant and is capable of discernment regarding this consent, they'll receive the documentation in their own name to decide on the reuse of their data for research purposes. In the meantime, the legal representative's consent remains valid.

If you have any questions or comments, don't hesitate to contact us.

By email :

[consentement.recherche@nant.ch](mailto:consentement.recherche@nant.ch)

By post :

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1804 Corsier-sur-Vevey

By phone :

021 965 70 00  
Mon-Fri 8am-12am and 1pm-4pm

