



The Biobank of Lithuanian Population and Rare Disorders

Form SU-B4.1
APPROVED
By the Order of the Dean of the Faculty of Medicine of Vilnius University
March 3, 2025, Order No. (1.1 E) 150000-DV-45

INFORMED CONSENT TO PARTICIPATE IN BIOBANK ACTIVITIES

The Biobank of Lithuanian Population and Rare Disorders of Vilnius University, located at Žaliųjų ežerų st. 2, Vilnius (hereinafter – the “Biobank”), is a unit of Vilnius University licensed to conduct Biobank activities under the laws of the Republic of Lithuania, and to manage personal health data and/or human biological samples (hereinafter – “samples”).

I, \_\_\_\_\_, by signing this consent, confirm that:
(name, surname, personal code)

I have read and understood the information provided by the Biobank and I understand that participation in the Biobank’s activities is voluntary. I have had the opportunity to ask questions, received satisfactory answers, and understand that I can withdraw my consent at any time without giving reasons or justifications. Yes No [checkbox] [checkbox]

I grant the Biobank the right to process my personal data for the purposes specified in this consent (including, but not limited to: pseudonymized (de-identified) physical and mental health data, information on environmental, lifestyle, and other risk factors, genetic data related to inherited or acquired genetic characteristics that provide unique information about my physiology or health); to collect my health data from medical records of healthcare institutions, the State Data Agency, the State Register of Occupational Diseases of the Republic of Lithuania, the State Register of Death Cases and Causes of Death, the Blood Donor Register, the Lithuanian Unrelated Bone Marrow Donor Register, the Population Register, the Injury and Accident Surveillance, the Child Health Monitoring Information Systems, the Electronic Health Services and Cooperation Infrastructure Information System, other medical records from healthcare institutions, other registers and/or state information systems, as well as other publicly available sources. Yes No [checkbox] [checkbox]

I agree that the Biobank may process my samples (e.g., blood, plasma, serum, tissues, bone marrow, skin, cells, hair, nails, urine, saliva, tissues/biopsy material remaining after diagnostic or therapeutic procedures) for the purposes specified in this consent. Yes No [checkbox] [checkbox]

I agree that my pseudonymized health data may be transferred outside the European Economic Area (EEA) to institutions conducting scientific research, sponsors of biomedical research, or researchers and their authorized representatives, in compliance with national and EU legislation governing research activities, and only if they comply with EU data protection requirements (GDPR, EHDS) and ensure adequate safeguards. Yes No [checkbox] [checkbox]

I agree that the Biobank may contact me by e-mail or telephone if important information about my health is found during the research and, if necessary, may provide this information to my family doctor. Yes No [checkbox] [checkbox]

I agree that the Biobank may contact me again in the future for the purposes specified in this consent by e-mail and/or telephone. Yes No [checkbox] [checkbox]

By signing this consent, I confirm that I **grant the Biobank** the right to process my samples and personal data **for the following purposes**:

- Conducting biomedical research in Lithuania and abroad;
- Providing samples and/or health data to the sponsor of a biomedical study, the principal investigator, or their authorized representatives who are granted permission to conduct a biomedical study;
- Providing samples and/or health data to biobanks, biomedical research sponsors, or researchers in Lithuania, other EU countries, or third countries, and their authorized persons;
- Assessing and improving the quality and suitability of the samples stored in the Biobank for future biomedical research;
- Improving the efficiency and processes of the Biobank.

This consent is open-ended. If you have any questions or wish to withdraw this consent, please contact the Biobank by e-mail at [biobank@mf.vu.lt](mailto:biobank@mf.vu.lt) or by the telephone number listed on the Biobank's website [biobankas.mf.vu.lt](http://biobankas.mf.vu.lt).

For more information about biomedical research and the regulation of the Biobank's activities, please contact [lbek@bioetika.sam.lt](mailto:lbek@bioetika.sam.lt). If you have any questions about data processing, contact our Data Protection Officer at [ada.biobank@mf.vu.lt](mailto:ada.biobank@mf.vu.lt).

**By signing this consent, I confirm that I agree for the Biobank to process my samples and/or health data to the extent and for the purposes specified in this consent.**

Biobank participant

\_\_\_\_\_   
*(name, surname) (signature) (date)*

Representative of  
the biobank participant,  
basis of representation

\_\_\_\_\_   
*(name, surname, basis of representation) (signature) (date)*

E-mail

\_\_\_\_\_

Phone number

\_\_\_\_\_

I would like to receive this consent by e-mail. I confirm that the e-mail address I have provided is correct and I am aware that the Biobank assumes no responsibility for any and all damages that may arise from sending the contents of this consent to the specified e-mail address. All responsibility for any damage that may arise from sending data to the specified e-mail address lies solely with the person who provided it.

Yes No

**Person who accepted the consent:**

\_\_\_\_\_   
*(name, surname, position, date, signature)*