



BIOBANK

## The Biobank of Lithuanian Population and Rare Disorders

Form SU-B4.2  
APPROVED  
by Order of the Dean of the Faculty of Medicine of Vilnius  
University  
No. (1.1 E) 150000-DV-45 of 3 March 2025

### INFORMED CONSENT OF A PARTICIPANT REPRESENTATIVE TO PARTICIPATE IN BIOBANK ACTIVITIES

The Biobank of Lithuanian Population and Rare Disorders of Vilnius University operating at Žaliojių ežerų g. 2, Vilnius (hereinafter referred to as the “**Biobank**”), is a unit of Vilnius University holding a licence to carry out biobank activities in accordance with the legislation of the Republic of Lithuania, as well as to process personal health data and/or human biological samples (hereinafter referred to as “**samples**”).

We (I), \_\_\_\_\_  
(name, surname, personal identification number, relationship to the represented person)

and \_\_\_\_\_  
(name, surname, personal identification number, relationship to the represented person)

Representing \_\_\_\_\_  
(name and surname of the represented person)

by signing this consent, jointly and individually confirm that:

I have familiarised myself with and understood the information provided by the Biobank and understand that participation in Biobank activities is voluntary. I had the opportunity to ask questions and received satisfactory answers, and I understand that I may withdraw my consent at any time without providing reasons or justification. Yes No

I grant the Biobank the right, for the purposes specified in this consent, to process the personal data of my child (adopted child) / ward (including, but not limited to: pseudonymised (de-identified) physical and mental health data, information on environmental, lifestyle and other risk factors, genetic data related to inherited or acquired genetic characteristics providing unique information about my physiology or health); to collect my child’s (adopted child’s) / ward’s health data from medical records (medical histories) of healthcare institutions, the State Data Agency, the State Register of Occupational Diseases of the Republic of Lithuania, the State Register of Deaths and Causes of Death, the Blood Donor Register, the Lithuanian Unrelated Bone Marrow Donor Register, the Population Register, injury and accident surveillance systems, child health monitoring information systems, the Electronic Health Services and Cooperation Infrastructure Information System, medical records of other healthcare institutions, other registers and/or state information systems, as well as other publicly available sources. Yes No

I agree that the Biobank may process my child’s (adopted child’s) / ward’s samples (e.g. blood, plasma, serum, tissues, bone marrow, skin, cells, hair, nails, urine, saliva, tissue/biopsy material remaining after diagnostic or treatment procedures) for the purposes specified in this consent. Yes No

I agree that my child’s (adopted child’s) / ward’s pseudonymised health data may be transferred outside the European Economic Area (EEA) to institutions carrying out scientific research, sponsors of biomedical research or researchers and their authorised representatives, in compliance with national and EU legislation governing scientific research activities and only where they comply with EU data protection requirements (GDPR, EHDS) and ensure appropriate safeguards. Yes No

I agree that the Biobank may contact me by e-mail or telephone if important information about my health is identified during research and, where necessary, transfer this information to my family physician. Yes No

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

By signing this consent, I confirm that **I grant the Biobank the right** to process my child's (adopted child's) / ward's 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 research project, the principal investigator or their authorised representatives who have been granted permission to conduct biomedical research;
- providing samples and/or health data to biobanks, sponsors of biomedical research or researchers in Lithuania, other EU Member States or third countries, and their authorised representatives;
- assessing and improving the quality and suitability of samples stored in the Biobank for future biomedical research;
- improving the efficiency of Biobank activities and optimising processes.

**This consent is granted for an indefinite period.** If you have any questions or wish to withdraw this consent, please contact the Biobank by e-mail at **biobank@mf.vu.lt** or by telephone at the number indicated on the Biobank website **biobankas.mf.vu.lt**.

More information about biomedical research and the regulation of Biobank activities can be obtained by contacting **lbek@bioetika.sam.lt**. If you have questions regarding data processing, please contact our data protection officer at **ada.biobank@mf.vu.lt**

**TO BE COMPLETED BY THE REPRESENTATIVE / BOTH PARENTS (ADOPTIVE PARENTS), GUARDIANS (CARERS):**

**By signing this consent, I confirm that I agree to the processing of my child's (adopted child's) / ward's samples and/or health data by the Biobank to the extent and for the purposes specified in this consent.**

Biobank participant \_\_\_\_\_  
(name, surname)

Representative of the  
Biobank participant,  
basis of representation \_\_\_\_\_  
(name, surname, basis of representation) (signature) (date)

E-mail \_\_\_\_\_

Phone no. \_\_\_\_\_

Representative of the  
Biobank participant,  
basis of representation \_\_\_\_\_  
(name, surname, basis of representation) (signature) (date)

E-mail \_\_\_\_\_

Phone no. \_\_\_\_\_

I would like to receive this consent at the e-mail address provided. I confirm that the e-mail address I have provided is correct and that I am aware that the Biobank assumes no liability for any and all damage that may arise from transmitting the content of this consent to the **указане** e-mail address. Full responsibility for any damage that may occur when sending data to the specified e-mail address lies solely with the person who provided the e-mail address.

Yes  No

**Person accepting the consent:**

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