



BIOBANK

The Biobank of Lithuanian Population and Rare Disorders

Form SU-B5.1
APPROVED

by Order of the Dean of the Faculty of Medicine of Vilnius University
of 25 March 2025

(No. 1.1 E) 150000-DV-49

REQUEST TO WITHDRAW CONSENT TO PARTICIPATE IN BIOBANK ACTIVITIES

The Biobank of Lithuanian population and Rare Disorders of Vilnius University, operating at Žaliųjų Ežerų St. 2, Vilnius (hereinafter referred to as the “**Biobank**”), is a structural unit of Vilnius University holding a license 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”).

I, _____, by signing this form
(name, surname, personal identification number)

hereby withdraw my previously signed informed consent to participate in the Biobank’s activities and request the destruction of my personal health information and biological samples transferred to the Biobank for processing.

I have been informed that upon receipt of this signed document, the Biobank shall:

1. immediately, but no later than within 5 business days, destroy the health information it holds and, within 3 business days after the destruction of the health information, notify me of the destruction in the manner indicated in this form;
2. as soon as possible, but no later than within 6 months from the date of signing this form, destroy my biological sample(s).

Please notify me about the destruction of my health information in the Biobank:

- By phone
 By email

Biobank participant _____
(name, surname) (signature) (date)

Representative
of the Biobank participant,
basis of representation _____
(if applicable) (name, surname, personal identification number, basis of representation) (signature) (date)

Email _____

Phone No. _____

Person who accepted the signed form:

(name, surname, position, date, signature)

The signed withdrawal of consent to participate in Biobank activities, together with an identity document (or a copy thereof), may be submitted on working days from 8:00 a.m. to 4:00 p.m. by arriving at the Biobank at Žaliųjų Ežerų St. 2, Vilnius, or by email at biobank@mf.vu.lt.

If you have questions regarding data processing, please contact our data protection officer by email at ada.biobank@mf.vu.lt.