

## Declaration of consent for the use of health data and samples for research purposes for the legal representative of a patient under 14 years of age

\_\_\_\_\_  
Child's first name and surname

\_\_\_\_\_  
Date of birth of the child

\_\_\_\_\_  
Legal representative's first name and surname

\_\_\_\_\_  
Address of the legal representative

\_\_\_\_\_  
Indicate relationship to the child

\_\_\_\_\_  
Telephone number of legal representative

**A.** I agree that the residual health data and biological samples collected during my child's residual care (outpatient and inpatient) may be stored, transmitted and used for research purposes.

yes     no

Whatever your answer, please proceed to point B.

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

As the legal representative of the person identified above, I understand:

- that I take the above decisions on his or her behalf, taking into account his or her opinion;
- that I will inform him or her, to the best of his or her ability, of the decisions I have made in the context of the general consent to carry out research; I will also inform the person who may succeed me as legal representative;
- that my decisions are voluntary and do not affect my child's medical treatment;
- that my decisions are valid until my child reaches the age of 18, unless my child and I change our decisions in the meantime;
- that until my child reaches the age of 18, I can withdraw this consent at any time without having to justify my decision. This decision must be made jointly with my child;
- that from the age of 18, my child shall receive documentation in his or her name to decide on the re-use of his or her data and biological samples for research purposes;
- explanations on the re-use of health data and biological samples for research purposes, detailed in the information brochure;
- that I am free to contact the HFR on the contact details given at the bottom of this form, or an HFR doctor for further information and explanation;

- that my child's personal data is protected and will only be used for research in an encrypted or anonymous way;
- that his or her data and biological samples can be used in national and international research projects, in the public and private sectors;
- that projects may include genetic analysis of its samples for research purposes;
- that I could be contacted again if results relevant to my child's health are found;
- that if I tick 'NO' to point A when signing this declaration, his or her clinical data and biological samples cannot be used for research;
- that if I do not sign the declaration of consent, the law provides that my data and samples may exceptionally be used if the competent ethics committee gives its special permission.

I confirm that I have informed my child, to the extent of his or her capacity of discernment, and I make the above decisions in accordance with his or her wishes.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of the child's legal representative  
(mandatory)

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of the child

The parent who signs is obliged to inform the other parent.

**If you have any questions or comments, please do not hesitate to contact us.**

**By post:**

HFR - Hôpital Fribourgeois Medical management  
P.O. Box 1708 Fribourg

**By e-mail:**

[direction.medicale@h-fr.ch](mailto:direction.medicale@h-fr.ch)

**By telephone:**

Medical directorate  
T +41 26 306 01 60

**Further information**

[www.h-fr.ch/nos-recherches/consentement-general](http://www.h-fr.ch/nos-recherches/consentement-general)  
Mon - Fri: 08:30 - 11:30 / 13:30 - 16:30

