



Informed consent

Last name: _____ Maiden name: _____
First name: _____ Date of birth: _____
Address: _____
Postal code/City: _____
Gender: [] M [] F

Informed consent authorising the use of data during my participation in the screening programme.

By signing, I declare that I have been informed of the way in which colon cancer screening is organised, in particular I have been informed of the benefits and limitations of colon cancer screening, either orally by my doctor in a personal discussion or by reading written information which I received from the screening programme, and I agree that:

- My past and present medical data be transmitted to the Screening Centre, both by post and electronically, as well as to their recording and archiving by the Screening Centre, in accordance with the relevant legal requirements concerning data protection.
- The results of my examinations and, if applicable, the results of additional examinations may be used by the medical staff of the Screening Centre, in a confidential manner and in accordance with medical confidentiality. I therefore authorise the exchange of information between my doctors and the doctors at the Screening Centre.
- My data, when anonymised, may be used for statistical and teaching purposes.

Date Signature