

## Form „Information about my child’s data“

As a parent or legal representative, I would like to receive the following information:

- Whether the childhood cancer registry contains information about my child.
- What registered data about my child is recorded in the childhood cancer registry

### 1. Information about my child:

First name(s) \_\_\_\_\_

Last name(s) \_\_\_\_\_

Name at birth \_\_\_\_\_

Social security no.  
(AHV-No.\*) \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Zip code, town \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

\* AHV-No. is shown as a 13-digit number on your child’s health insurance card.

### 2. About the doctor or paediatric oncologist treating (or who previously treated) your child:

*If there is any registered information about your child, it will be sent to the contact filled in below to ensure that you are professionally guided through the medical information and its significance.*

First name(s) \_\_\_\_\_

Last name(s) \_\_\_\_\_

Name of the hospital \_\_\_\_\_

Address \_\_\_\_\_

Zip code, town \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**3. Information to the legal representative (e.g. parent):**

Form of address \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

**4. Required enclosures:**

- Copy of your child’s passport or identity card
- Copy of the family register or copy of another official proof of legal guardianship.

Place, Date: \_\_\_\_\_ Legal representative’s signature (e.g. parent): \_\_\_\_\_