

Form „Information about my data“

I am 18 years old or older and would like to obtain the following information:

- Whether the childhood cancer registry contains information about me.
- What data about me is recorded in the childhood cancer registry?

1. Information about me:

Form of address _____

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 health insurance card.

2. Contact information of the doctor or paediatric oncologist treating (or formerly treating) you:

If the registry contains any data about you, 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. Required enclosures:

- Copy of your passport or identity card

Place, date: _____

Signature: _____