



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 _____

Postcode, town _____

Phone number _____

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

2. Details for sending the information:

If the registry contains any data about you, we will send it to you and/or your (formerly) treating doctor (e.g. the paediatric oncologist) to ensure that you are professionally guided through the medical information and its significance.

Please select:

- a.** The information should only be sent to the treating physician. -> Please provide the doctor's contact details under 4.
- b.** The information should be sent to the treating physician and me. -> Please provide the doctor's contact details under 4.

c. The information should be sent exclusively to me.

If the information should (also) be sent to you, how would you like to receive it?

I would like to receive the information:

in the electronic form as a password-protected file (the link to the file is sent by email and the password is sent separately by SMS -> in this case, please provide your mobile phone number above in the section 1.)

OR

in the printed form with a registered letter by post.

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

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr
First name(s)	_____	
Last name(s)	_____	
Name of the hospital	_____	
Address	_____	
Postcode, town	_____	
Phone number	_____	
Email	_____	

4. Required enclosures:

- Copy of your passport or identity card

Place, date: _____

Signature: _____