

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 _____

Date of birth _____

Gender female male other

Social security no. (AHV-No.*) _____

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

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

Title Ms Mr

First name (s) _____

Last name(s) _____

Address _____

Postcode and town _____

Phone number _____

Email _____

3. Details for sending the information:

If information about your child is available in the register, we will send it to you and/or the (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 2.),

OR

in the printed form with a registered letter by post.

4. Contact information of the doctor or paediatric oncologist treating (or formerly treating) your child:

Title Ms Mr

First name(s) _____

Last name(s) _____

Name of the hospital _____

Address _____

Postcode, town _____

Phone number _____

Email _____

5. 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): _____