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| **DEPARTMENT OF SECURITY, SAFETY AND FACILITIES OPERATIONS** | | |  |
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**Informed written consent for providing a blood sample for research purposes**

* Please read this document carefully.
* Do not hesitate to ask any questions if certain aspects seem unclear to you or if you desire further information.

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| Research project number: |  |
| Research project title: |  |
| Sponsor (full address): |  |
| Project location: |  |
| **Project leader**  Surname and forename: |  |
| **Blood donor**  Surname and forename:  Date of birth: | male  female |

* I hereby declare that I have read and understood the written information for donors that was provided to me regarding the aforementioned research project, dated [date].
* I am aware that I may request any further information that may help me to make my final decision.
* I have been given sufficient time to make my decision.
* I have been informed that an insurance policy has been contracted to cover any damages that may result from participation in this study.
* I am taking part voluntarily. I may, at any moment, refuse to provide a blood sample without detriment to myself.
* I am aware that the requirements and restrictions mentioned in the information for donors sheet must be respected throughout the study. The Health Point or the project leader may exclude me as a blood donor at any moment in the interest of my health or the study. For my part, I agree to inform the person taking the blood sample of all concomitant treatments and medicines that I am taking (whether or not they have been prescribed by my doctor).
* In the case that an anomaly is detected in my blood sample:

I would like to be informed  
 I would not like to be informed

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| Date, location | Signature of the blood donor |

**Statement from the project leader or from one of his/her colleagues:** I hereby confirm with my signature that I have explained the nature, the importance and the scope of the study. I declare that I have satisfied all of the obligations relating to this project. If, at any point throughout the study, I become aware of information which may influence the consent given by the donor to participate in the study, I agree to immediately inform the Health Point who will link to the donor.

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| Date, location | Signature of the project leader or one of his/her colleagues |