Request for data from the Blood Service’s personal data file

**Print the form and fill in the requested information. Don’t forget to sign the form.**

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| Send the signed form to:  Finnish Red Cross, Blood Service /  Data requests  PL 2  01731 Vantaa | OR | Bring the signed form to a Blood Service centre. Centre locations and opening hours can be found at [www.bloodservice.fi](http://www.veripalvelu.fi) |

**I request a copy of my personal data held by the Blood Service**

*(To speed up the process, individualize your request and state the time period you want the information from)*

Time period I would like the information from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| In the blood donor register  ☐ My blood type information, information about the Hb values measured at blood donation, information about the screening samples taken at blood donation, information about previous donations  ☐ Other specified information, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ In the Stem cell register |
| ☐ In the Blood Service Biobank register |
| ☐ In the Cell Production Centre register |
| ☐ In the patient register (adverse events caused by blood transfusion) |
| ☐ In the communication register |
| ☐ In the customer register (health care professionals) |
| ☐ In the stakeholder register |
| In the staff register  ☐ Basic information about the employee and terms of employment  ☐ Salary history information  ☐ Annual leave and absence information  ☐ Trainings and degrees  ☐ Performance appraisal information  ☐ Job application information  ☐ Access rights of data systems  ☐ Other specified information, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ In the research register (scientific research) |

The requested information is provided to you by post.

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| Name |
| Personal ID code |
| Telephone number |
| Address |
| Post code and post office |
| Date, signature and name in print |

*To be filled in by the Blood Service*

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| Request for data received, date and confirmation |  |
| Data collected, date and confirmation |  |
| Data submitted, date and confirmation |  |
| Other information | |