Clinical Research Institute HUCH P.O. BOX 700 FI-00029 HUS hyksinstituutti@hus.fi

I can use this form to exercise my rights concerning the processing of my personal data.			
I would like: (tick one or more alternatives as applicable)			
☐ obtain information about the processing of my personal data;			
□ obtain access and inspect my personal data;			
☐ ask for incorrect or inaccurate personal data to be corrected and supplemented;			
☐ demand erasure of my personal data;			
$\hfill\square$ withdraw consent and object to the processing of my personal data insofar as said processing is based on my consent;			
$\Box$ object to the processing of my personal data on the basis of grounds relating to my personal situation insofar as the processing of this personal data is based on our legitimate interest; $\Box$ request the restriction of the processing of my personal data.			
You can describe the issue in more detail here.			
By signing this form, I confirm the choices I have made above.			
Contact information (will be used only to carry out the requested rights-related measures)			
Full name:			
Personal identity code (or, if this is not available, date of birth):			
Address:			
Postal code and city: email address:			
Location and date:			
Signature:			