



Campus Innenstadt
 Kinderklinik und Kinderpoliklinik
 im Dr. von Haunerschen Kinderspital
 Direktor: Prof. Dr. C. Klein



Consent to extension of treating team

Family name:

First name:

Born:

Address - city:

- street/nr:

Telephone:

Email:

On the occasion of the medical treatment of my (my child's) lung disease I consent to the extension of the treating team to the staff of the Hauner Children's Hospital at the Klinikum University Munich and their involved extern partners.

This also involves my participation in the chILD-EU register and biobank.

Similar as my treating physician, the extended treating team may process data within the register and biobank in the awareness of my (my child's) identity, is bound to medical confidentiality and may receive a copy of the chILD-EU register and biobank consent form.

Place, date

Signatures

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 patient

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 mother

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 father

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 legal guardian