

ZW 77/2018/01/01

Annex 1 to the Regulations

Application for consent to conduct scientific research

Date and signature of the employee accepting the application	Application number in the RPC RID register
---	---

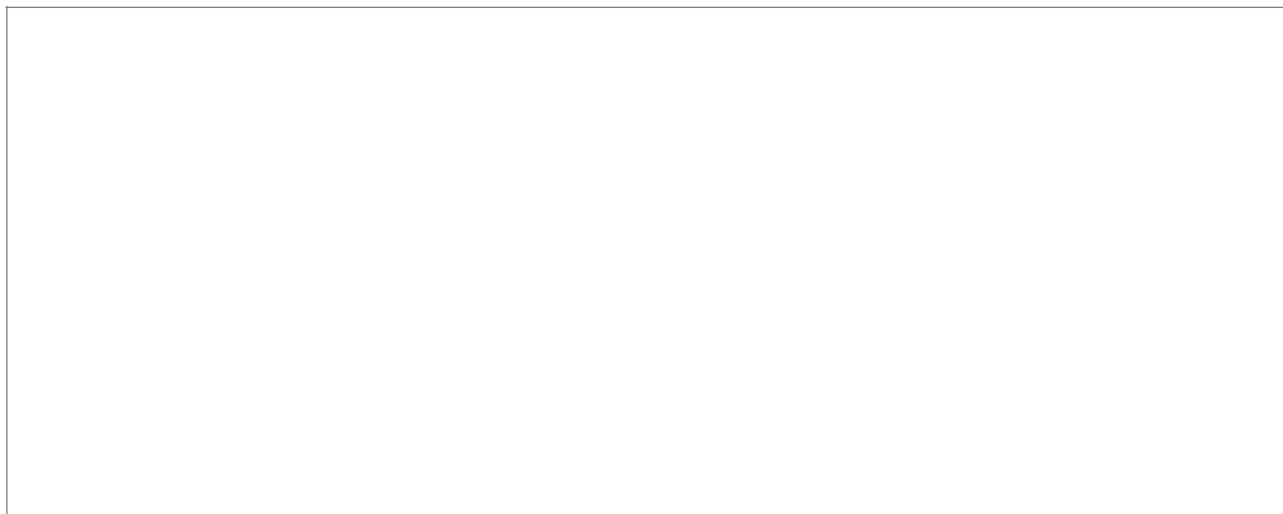
TO BE COMPLETED BY THE APPLICANT

Applicant's data
First name and last name
Address for correspondence
e-
Name and address of the university
Name, surname, academic degree of the supervisor
Research title / topic

Dolnośląskie Centrum Onkologii, Pulmonologii i Hematologii we Wrocławiu
Plac Hirszfelda 12, 53-413 Wrocław
tel.: 71 36-89-608, 71 36-89-609;
faks: 71 36-89-219
NIP: 899-22-28-100, Regon: 000290096



Dolnośląskie Centrum Onkologii,
Pulmonologii i Hematologii



Purpose of the study and brief description

Research assumptions

1. place of study (clinic / department / plant etc.):.....
2. test group / test material:
.....
.....
3. estimated time of the study:
.....
4. test method:
 - questionnaire
 - comparative analysis of medical records
 - comparative analysis of other documentation
 - other (what?)
5. the scope of the requested information from the set (indicate what data is to be made available, e.g. diagnosis, course of the disease, age range, etc.)

.....
6. information enabling searching in the set of the requested data

.....

Form of publication of research results	
<input type="checkbox"/> Bachelor thesis <input type="checkbox"/> Master thesis <input type="checkbox"/> other (what?).....	
Attachments:	
- approval of the Bioethics Committee, - survey questionnaire (in the case of a survey) -	
Promoter signature	Signature of the University Representative (required when medical documentation is made)

DECLARATIONS OF THE INVESTIGATOR

I declare that when conducting research at LSOPHC I undertake to comply with the following rules:

1. I will only conduct research among patients who give their informed and free consent;
2. the research will not in any way interfere with the activities of LSOPHC (the course of treatment and the procedures used during it);
3. I use the collected medical data only for research purposes;
4. I will publish the test results in a way that prevents the identification of LSOPHC patients;
5. after carrying out the research, I undertake to submit a short report;
6. I have read the Information on the dangers arising from LSOPHC activities while staying / performing work on its premises, the general principles of health and safety and environmental protection, as well as the Code of Ethics of LSOPHC employees

.....
date and signature of the declarant

I declare that I consent to the processing of my personal data in accordance with the Act of August 29, 1997 on the protection of personal data (Journal of Laws of 2016, item 922) and the Regulation of the European Parliament of the Council (EU) 2016/679 of April 27 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46 / EC for the purposes of carrying out scientific research at the Lower Silesian Oncology, Pulmonology and Hematology Center.

.....
date and signature of the declarant

In connection with the commencement of scientific research at the Lower Silesian Oncology, Pulmonology and Hematology Center, I declare that I acknowledge that:

1. The administrator of my personal data is the Lower Silesian Oncology, Pulmonology and Hematology Center, with its seat at pl. Hirszfelda 12, 53-413 Wrocław (hereinafter referred to as LSOPHC).
2. The legal basis for the processing of my personal data is Art. 23 sec. 1 point 1 of the Act of August 29, 1997 on the Protection of Personal Data (Journal of Laws of 2016, item 922) and art. 6 pts 1a of the Regulation of the European Parliament (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46 / EC.
3. My personal data will be processed only for the purpose of conducting research at LSOPHC, until three years from the end of the research.
4. Providing the data is voluntary, although the refusal to provide it is tantamount to the inability to conduct scientific research at LSOPHC.
5. I have the right to access my data and correct it, delete it or limit its processing, and I have the right to control the processed personal data at the seat of the Data Administrator.
6. I have been informed about the right to withdraw at any time the above consent to the processing of my personal data.
7. At the same time, I acknowledge that my personal data may be made available to authorities authorized by law and I have the right to lodge a complaint with the supervisory authority in the event of suspicion of data processing contrary to the provisions of law.

5

.....
date and signature of the declarant

COMPLETED BY DCOPIH

Opinion of the head of the organizational unit where the research will be conducted	
<input type="checkbox"/> I have a positive opinion <input type="checkbox"/> I have a negative opinion	date and signature of the Manager:
Comments (appointment of a guardian on the side of LSOPHC):	
Recommendation of the Research and Innovation Department (RID)	
Opinion of the LSOPHC Director	
<input type="checkbox"/> I agree <input type="checkbox"/> I do not allow	date and signature of the Director