

Project	Date of measurement	Visit ID

Request for Transfer of Personal Data to Healthcare Facility

Based on my participation in the research project specified above and carried out by Masaryk University, I have undergone MRI and/or EEG examination at the worksite of the Central European Institute of Technology of Masaryk University (CEITEC MU), at the Multimodal and Functional Imaging Laboratory (MAFIL).

Given the nature of the measured data, it could be of supportive significance for the provision of subsequent medical care and services, for which reason **I hereby request that the measured data, including my identification data and data included in the safety form, be transferred to the healthcare facility specified below in order to be included in my medical records.**

I further declare that I am aware of the fact that the aforementioned data has not been measured primarily for diagnostic purposes, but for the purposes of scientific research and, therefore, that it cannot fully substitute a standard medical examination.

Identification of the personal data controller (worksite where the data was measured)	Masaryk University, Žerotínovo náměstí 9, Brno-město, Organization unit: CEITEC – Central European Institute of Technology, Kamenice 753/5, 625 00 Brno
Identification of patient / research project participant	Name and surname:
	Personal ID no.:
Identification of the healthcare facility to which the data is to be transferred (name, address)	

In, on

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Signature of patient / research project participant

On behalf of MAFIL laboratory processed by (name, date)

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