



Norwegian QA Register Ear Nose and Throat - Tonsil Surgery Register

Consent Form

- Child under the age of 12**
- Youths between the age of 12 and 16**
- Adults aged 16+**

Register

Tonsil Surgery Register

Name of the person in charge of the register

Clinic/Department

I have read/read on behalf of the child/youth and informed the aforementioned about the information letter 'Request for Registration in the Tonsil Surgery Register' and we are aware of the purpose of the register; the personal information that will be recorded; from where the information will be obtained; how the information will be given; and my rights in terms of inspection; amendment and deletion of data from the register.

The gathered data will only be used to quality assure patient treatment and research on tonsil surgery.

I hereby consent to the recording of information about myself/the child/youth in the Norwegian Tonsil Surgery Register, and it being used for research and the quality assurance of tonsil surgery.

Patient's name in block capitals

Patient's personal identification number (11 digits)

Date

Signature (patients over the age of 16 or parent/guardian of those under the age of 16)

Role

(mother/father/guardian)

Mobile phone

E-mail address

To be completed by a representative of the register

I confirm that information about the register has been given.

Name in block capitals

Date

Signature

Comments, if any: