

## Patient consent to registration for Swiss Implant Registry SIRIS

By signing this declaration, you consent to the data that relates to the operation and your state of health being stored in the Swiss Implant Registry SIRIS.

For the purposes of quality assurance in implant surgery, the Swiss Implant Register (SIRIS) collects data on your state of health before and after the surgical procedure, as well as surgery-related data, and uses this data in its comparative analyses.

This data includes the type of surgery, surgical technique, implant used, pathology, personal information (e.g. your name, gender, age, height, weight and health status).

As a strict principle, your personal data can only be viewed by the attending physicians, hospitals and institutes that are tasked with managing the registry and required to maintain absolute confidentiality.

For other users, the data from your surgery is only available in anonymized form. Only in the unlikely event that your implant has to be recalled can your personal information be passed on to the implant manufacturers in order to help you as quickly as possible. The data protection provisions of the Swiss Confederation are fully observed.

The organization that owns the data pool is a non-profit foundation with the mission of ensuring quality in implant surgery. You can view your data at any time and request its deletion if necessary.\* If you do not want your surgery-related data to be saved in the Swiss Implant Register, this will have no negative impact whatsoever on your treatment.

Based on the above statements, I release the attending doctor and the clinic/hospital from their medical confidentiality obligation and consent to the registration and processing of my data in the Swiss Implant Register (SIRIS). This consent is voluntary and I can revoke it at any time, without this having any effect on the treatment contract.

For more information about the Swiss Implant Register (SIRIS), visit [www.siris-implant.ch](http://www.siris-implant.ch).

<input type="text"/>	
Name / first name of the patient	
<input type="text"/>	<input type="text"/>
Zip code, city	Date of birth
<input type="text"/>	
Date	
<input type="checkbox"/> YES, please register the data about my operation	<input type="checkbox"/> NO, I do not authorize registration of my data
<hr/>	
Signature of patient or legal representative	
<hr/>	
Signature of doctor or deputy person of the clinic	

\* Please contact your doctor to access or delete your data, or submit a request including identifying documentation to: Stiftung für Qualitätssicherung in der Implantationsmedizin, c/o conidea GmbH, Waldheimstrasse 22, 3604 Thun. The original document is to be stored securely by the hospital/clinic.