Registre National du Cancer | Lux

Patient refusal form

After having been informed about the objectives of the National Cancer Register and the protection of personal data from which I could benefit,

I, the undersigned

Surname: First name:
Date of birth:
Place of birth:
ID number:
Gender: ☐ Female ☐ Male

refuse my data to be included within the National Cancer Register.
I have taken this decision of my own free will without any pressure from those around me or the professionals treating me.

I am informed that my refusal does not cause any harm to me and does not affect my right to receive adequate health care.

I certify that I have been made aware that minimum identification data about my cancer, as provided for in Grand-Duchy legislation, available on the website www.rnc.lu, will be transferred to the National Cancer Register, in order to ensure my right of refusal.

Place: Date:

Signature:

This refusal form is to be transmitted to:

- *The doctor treating your cancer*
- *Or the doctor who is the operational director of the National Cancer Register, by post:*

Dr Sophie COUFFIGNAL
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