
The objection must be made in writing. In order to do so, you can fill out this form, **sign** it and send it by mail or e-mail to a **Cantonal Cancer Registry** of your choice or to the **Childhood Cancer Registry**. For the protection of your personal data, you are advised to encrypt the e-mail or the attached objection form. Upon receiving your written objection, the cancer registry to which you have submitted your objection will inform you in writing that your objection has been recorded. Your objection remains valid as long as you do not withdraw it (even beyond death).

Objection to the registration of tumors

The right to object is laid down in Art. 6 of the Federal Act on the Registration of Cancerous Diseases ([Cancer Registration Act, CRA](#)).

With this form, I, as a patient or legal representative, hereby exercise the right to object to the registration of my data or to the registration of the data of the person I legally represent. I therefore request the competent Cantonal Cancer Registry and/or the Childhood Cancer Registry and the National Agency for Cancer Registration to destroy data that have not yet been registered and/or to anonymize data that have already been registered (this means that the data can no longer be attributed to any person).

First name(s): _____

Last name(s): _____

Date of birth (DD/MM/YYYY): _____

Gender (optional): Female Male Diverse

Street and house number: _____

Postal code and city: _____

AHC/AVS insurance number (AHVN13) 756._____._____.____.

* You can find your personal insurance number on your health insurance card, for example.

Reason (optional): _____

Place and date

Signature of patient or legal representative