



Contact: Privacy Officer  
Nova Scotia Provincial Blood Coordinating Program  
7-130 Centennial Building  
1276 South Park Street  
Halifax, NS B3H 2Y9  
Phone: (902) 473-2121 Fax: (902) 473-2589  
E-mail: nspbcpc@cdha.nshealth.ca

### Request for Removal or No Use of Personal Information

Complete this form to request that your personal information not be used by, or removed from the Nova Scotia Provincial Blood Coordinating Program data holding/registry/database.

This request is for your personal information  not be used  or removed.

**Please print:**

Full Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
*(Provide only if you prefer to receive communication by email)*

Nova Scotia Health Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Personal Information that is requested  not to be used or  to be removed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Period for this request, include a start and end date (e.g. July, 1 2006 to July 1, 2007):  
\_\_\_\_\_

\_\_\_\_\_  
**Your Signature**  
(Signature of the person making the request)

\_\_\_\_\_  
**Date:**

<b>For office use only</b>
<b>Date Received:</b> _____ <b>Request No.</b> _____