

# Informed Consent

## For the performance of genetic studies or polymorphisms (DNA) by EUGENOMIC® collaborating laboratories.

Genetic studies require your acceptance and signature of **the INFORMED CONSENT**, as well as the signature of your prescriber.

**EUGENOMIC S.L.**, in compliance with the provisions of Regulation 2016/679 of April 27th and Organic Law 3/2018 of December 5th on the Protection of Personal Data and guarantee of digital rights and other applicable regulations, hereby informs you that the personal data provided by you will be processed in order to provide the medical services requested by you. In order to comply with legal obligations, the activity carried out will be included in a register at the disposal of the Spanish Data Protection Agency.

The basis of legitimacy with which your data will be treated is the one referred to the treatment, assistance or medical or genetic service requested, as well as the consent you provide in each case. In those cases in which the intervention of health care service providers, such as processing laboratories, is necessary, the required data may be communicated to such entities, solely and exclusively for the purpose of providing the service requested. Likewise, if the health care is provided on the basis of policies or coverage in agreement with insurance companies, the information of the services provided to them may be supplied, as they are essential for billing purposes. Your data will be kept for the legally stipulated period of time and, where appropriate, for the time necessary to fulfil the service requested.

In any case, we inform you of your rights of access, rectification, deletion, opposition, limitation of processing and portability, which may be exercised by writing to the headquarters of EUGENOMIC, located at C/ Londres 6, 08029 Barcelona, or by email to [info@eugenomic.com](mailto:info@eugenomic.com); you may also file a complaint with the competent supervisory authority. You may obtain further information about these rights in our Privacy Policy, available on our website ([www.eugenomic.com](http://www.eugenomic.com)).

If you disagree with any circumstance, it will be necessary to notify us before receiving health care assistance.

**YES**  **NO** I authorize the transfer of my data, for the aforementioned purpose, to my insurance company or prescriber, located outside the European Union.

**YES**  **NO** I authorize the sending of information about news and updates related to Clinical Medicine and Genomics.

**You declare that your consent refers to the tests requested by your prescriber, that your doubts about the tests to be performed have been sufficiently and understandably explained to you, and that you have been duly informed regarding the following:**

- The requested report will be delivered through the portal [resultados.eugenomic.com](http://resultados.eugenomic.com).
- The samples and their data are sent to the collaborating laboratory(ies) for processing.
- The processing laboratory is responsible for the accuracy of the values obtained; and they will keep the results and personal information related to the analysis.
- The quality and integrity of the sample is the responsibility of the person who extracts the sample.
- The sample is retained after the end of the study.
- You irrevocably accept your payment.
- I declare that I have been duly informed about the purpose of the test, the implications of the results, that some results may not be determined, may not be conclusive and/or an additional sample may be necessary, and how it will be obtained, how the sample will be used, and the genetic information.

**You (or your legal representative) authorise the analyses listed on the application form, which you attach and sign.**

**Date:\*** \_\_\_\_\_ **ID number:** \_\_\_\_\_

**Name and surname/ reference: \*** \_\_\_\_\_

**Date of birth: \*** \_\_\_\_\_ **Biological sex:\***  Female  Male

**Email:\*\*** \_\_\_\_\_

**Language(s) you wish to receive report :**  English  Spanish  French  
 Russian [Confirm in advance].

**Patient signature:\*** \_\_\_\_\_

## CONTACT DETAILS OF THE LEGAL GUARDIAN:

Full name: \_\_\_\_\_

ID number: \_\_\_\_\_ **Signature of legal guardian:** \_\_\_\_\_

\* **Obligatory fields.**

\*\* **Fill in the field in case the patient wishes to receive the results by e-mail.**

**SENDING THE SAMPLE TO Eugenomic®: Insert in the padded envelope printed with the address of Eugenomic®, duly labelled:**

**A.** The GENETICS APPLICATION FORM, signed with the details of the patient and the prescribing practitioner, and the INFORMED CONSENT.

**B.** The Health Questionnaire, if required. Do not forget to indicate the patient's name.

**C.** Please call Eugenomic® on + 34 932 922 963 to request sample collection.