

**INFORMED CONSENT FOR THE PROCESSING OF GENETIC ANALYSIS**  
(Minors and people with legal guardians)

The undersigned \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Resident of \_\_\_\_\_ Province \_\_\_\_\_ Address \_\_\_\_\_ Post code \_\_\_\_\_  
ID: \_\_\_\_\_ No. \_\_\_\_\_  
Issued on \_\_\_\_\_ from \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

And

The undersigned \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Resident of \_\_\_\_\_  
Province \_\_\_\_\_ Address \_\_\_\_\_ Post code \_\_\_\_\_  
ID: \_\_\_\_\_ No. \_\_\_\_\_  
Issued on \_\_\_\_\_ from \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
**Parent/s or Guardian/s of** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **Place of birth** \_\_\_\_\_

**I DECLARE**

of having received, during the meeting with Doctor \_\_\_\_\_ on the date \_\_\_\_\_, detailed information about the genetic analysis I am about to perform, of having understood and considered all the aspects of the exam and of having understood the benefit and the purpose of the genetic test and its possible limits. I had the chance to ask all the questions I considered worthwhile and I received answers I consider complete. In particular:

- It has been explained to me the test purpose;
- It has been explained to me the test limits;
- I have discussed the possible risks, benefits and limits connected to the test;
- I have understood that the result of the genetic test may have medical and psychological consequences for my family and I;
- I have understood the meaning of possible test results (even unexpected);
- I've been informed about the people who will have access to the biological sample;
- I've been informed about the people who will have access to the test result;
- To have the possibility to revoke the consent at any time, by signing the relevant revocation act.

Therefore:

To the sampling of the biological material to the minor or to the protected person:

peripheral blood  other \_\_\_\_\_

For the performing of the analysis: \_\_\_\_\_

**INDICATION TO THE ANALYSIS**

\_\_\_\_\_  
\_\_\_\_\_

**Furthermore**

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<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	To be informed about analysis results;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to share the results with Dr. _____
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that biological material can be used in the future, in compliance with the current legislation on the protection of personal data, for further investigations for diagnostic purposes for the examined pathology at the centre that performs the analysis;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that biological material can be used in the future, in compliance with the current legislation on the protection of personal data, for further investigations for diagnostic purposes for the examined pathology in other centres, even outside European Union;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about results of further investigations for diagnostic purposes for the examined pathology;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about analysis results even in relation to unexpected news, which may have a benefit in terms of therapy, prevention or awareness about reproductive choices;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that biological material may be used in the future, in compliance with the current legislation on the protection of personal data, for research purposes and/or for studies aimed to the collectivity in medical, biomedical and the epidemiological field and for quality verification programs for the laboratory performance
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about the results of the research.

### Consent to the processing of personal data according to the Regulation (EU) 2016/679.

For the purposes of what was said and agreed upon above, I declare that Eurofins Genoma Group S.r.l. has informed me that the processing of personal data provided by me will be carried out in accordance with the law and respecting the rights and the consequent obligations, i.e.: **1) OWNER OF THE PROCESSING:** The Owner of the processing is the company Eurofins Genoma Group s.r.l. - Via di Castel Giubileo 11 - 00138 Roma; **2) PURPOSE OF THE PROCESSING:** a) Implement the contractually agreed operations; b) Perform at any institution, public or private, the obligations connected with or instrumental to the contract, including those of a fiscal and tax nature; c) For management purposes, and / or for research or statistical purposes. **3) PLACE OF THE PROCESSING:** The place of the processing are the Eurofins Genoma Group S.r.l. operational headquarters in Rome at Via Castel Giubileo no. 11, and in Milan c/o Affori Centre at Via Enrico Cialdini 16; **4) LEGAL BASIS OF THE PROCESSING OF THE DATA:** The legal basis of the processing is in the contract and in the cases established by art. 6 § 1. Lett. c) of the Regulation (EU) 2016/679 and by the national law; **5) SOURCE OF THE PERSONAL DATA:** The source is the interested party, i.e. the doctor; **6) PERSONAL DATA PROCESSING AND CONSERVATION:** The processing will be performed, for the purposes expressed above, in written form and/or on paper, magnetic, electronic or telematic form, using automated instruments with the purpose of memorising, manage and transmit the same data and in any case always suitable to guarantee the confidentiality and security of the same. The data will be processed for the duration of the contractual relationships established and also subsequently for the fulfilment of all legal obligations; **7) CATEGORIES OF PERSONAL DATA PROCESSED:** Eurofins Genoma Group S.r.l. processes the following data: identification and contact data of the concerned person; particular categories of personal data, such as: genetic data, biometric data, data about health and all data provided for the performing of the analysis established with this request; **8) CATEGORIES OF THE DATA RECIPIENTS:** the data may be communicated to external parties with whom Eurofins Genoma Group s.r.l. maintains relationships necessary for the performance of its activities (banks, insurance companies, consultants, carriers, etc.) and, again for the purposes stated above, to the following categories of persons in charge and / or responsible: a) Sales office agents; Corresponding T.S.A. agents (Technical scientific assistance); **9) TRANSFER OF THE DATA ABROAD:** Data are not transmitted abroad. In any case, the data transmitted will be exclusively those strictly necessary for carrying out the procedure. In any case, the recipients of the data will in any case be bound to respect confidentiality and regulations of the Regulation (EU)

2016/679; **10) RIGHTS OF THE INTERESTED PARTY:** The interested party has the right to have his / her data processed in a lawful, correct and transparent manner. Furthermore, he/she has the right, whenever possible, to be informed at any time on how personal data are used; to request the access (Article 15); the correction (article 16) or the cancellation (article 17) of the personal data held. He can also request the limitation of the processing that concerns him/her (Article 18), in addition to the right to data portability (Article 20); to revoke the consent given at any time (Article 7) without prejudice to the lawfulness of the treatment based on the consent given prior to the revocation; to oppose at any time for reasons connected with his/her particular situation to the processing of personal data concerning him / her (article 21); if the interested party considers that the treatment concerning him / her is in violation of the legislation in force on this matter, he/she has the right to lodge a complaint (Article 77) with a supervisory authority, particularly in the Member State in which he/she normally resides, works or the place where the alleged violation has occurred. For Italy, this authority is the Guarantor for the Protection of Personal Data <http://www.garanteprivacy.it/>. The interest party may obtain further information on his / her rights, including the circumstances in which they apply, by contacting the supervisory authority of the Member State in which he / she normally resides. All the aforementioned rights may be exercised at any time by writing to the data controller about the references indicated above.

### THEREFORE I AUTHORISE

The processing of my personal data according to articles 7 and 9, paragraph 2, letter “a”) of the Regulation (EU) 2016/679. Data **will not be spread or given to third parties.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/s or Guardian/s signature** \_\_\_\_\_

**Minor or person protected signature** (if possible) \_\_\_\_\_

The Doctor who has obtained the consent (first and last name) \_\_\_\_\_

Tel. \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature and stamp of the doctor who has obtained the consent: \_\_\_\_\_

### REVOCAZIONE OF CONSENT

I the undersigned .....taken note that according to article 17 of the Regulation (EU) 2016/679 I have the right to the deletion of personal and specific data I have communicated and for which I have given my consent for the processing, and that this deletion has to happen without unjustified delay in case: a) personal data are not necessary in relation to the purposes for which were collected or otherwise processed; b) does not subsist other legal basis for the processing; c) I oppose to the processing according to the article 21, paragraph 1 of the above mentioned Regulation and does not subsist no right reason prevalent to proceed to the processing, or I oppose to the processing of data according to art. 21 par.2 of the same Regulation (processing of data for direct marketing purposes); d) personal data are illicitly processed; e) personal data have to be deleted to fulfil a legal obligation established by the right of the Union or by the State member to which is subjected the owner of the processing.

### NOW, THEREFORE

I the undersigned \_\_\_\_\_ on the date \_\_\_\_\_

In quality of parent/legal guardian of the minor above indicated, I declare to REVOKE the consent previously given and to be aware about possible consequences deriving from my revoke.

Signature of the concerned person \_\_\_\_\_ Signature and stamp of the physician \_\_\_\_\_