

Parque Científico y Empresarial de la UMH. Edificio Quorum III Avenida de la Universidad s/n. 03202 Elche (Alicante - Spain) Tlf: +34 96 668 25 00 Fax:+34 96 668 25 01 info@bioarray.es www.bioarray.es

GENETIC TESTING CONSENT

| Patient: | | | |
|---------------------------------------|--------------------------|--|--------------------|
| Mr. / Mrs: | | from: | date |
| of birth:// | ID: | | |
| | | | |
| Informing physicia | in: | | |
| Dr: | | | |
| | | | |
| Requested Geneti | c Test: | | |
| I declare that I am | informed and have ur | nderstood that the patient | |
| of laboratory tests | • | sease and that the diagnosis is band out with biological samples from sary). | |
| | | o use these samples in the diagnored by the Centre, when necessary NO | • |
| - I consent to the research: | storage and preservat | tion of samples for possible use NO | in genetic disease |
| - I consent to the diagnostic purpose | • | conographic material exclusively $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | for scientific and |
| Only health perso results of genetic | nnel duly authorised b | by Bioarray, S.L. may access pers | onal data and the |
| DATA PROTECTION | | | |
| In accordance with treatment informa | | lations, we provide you with the | following |
| Responsible party | : BIOARRAY, S.L. | | |
| Rights that assist y | ou: access, rectificatio | on, portability, deletion, limitatio | n and opposition. |
| - | • | • | • • |

The Spanish Law 14/2007 of July 3 of Biomedical Research (LIB), establishes regulation for the performance of genetic analysis with health purposes.

In accordance with Law 41/2002 on Patient Autonomy and Law 3/2018 on the Protection of Personal Data, the applicant must have the patient's consent to carry out the diagnostic tests requested and to process his/her data. In this way, and as information to be provided to the patient, we must inform you that the data collected in this form will be included in a confidential automated file, duly registered in the Spanish Data Protection Agency, in accordance with the terms established in Law 3/2018, whose ownership corresponds to Bioarray, S.L., in order to manage the diagnostic study in the form described, the patient may exercise at any time the rights of access, rectification, cancellation or opposition, recognized by the aforementioned legislation on the protection of personal data, addressing the following address: Bioarray S.L., Parque Científico de la UMH. Edificio Quorum III 03202 Elche (Alicante), email: info@bioarray.es Ph: 966682500 Fax: 96682501

Rev00



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More treatment information: http://bioarray.es/es/

BIOARRAY S.L. is responsible for the processing of personal data of the Interested Party and informs that these data will be treated in accordance with the provisions of Regulation (EU) 2016/679 of April 27 (GDPR) and Organic Law 3/2018 of 5 December (LOPDGDD), so the following treatment information is provided:

Purposes and legitimation of the treatment

For the legitimate interest of the responsible party (GDPR, Article 6.1.f): maintain a professional relationship, send communications, analyze data and publish scientific and informative articles.

By consent of the interested party (GDPR, article 6.1.a): sending communications, analyzing data and publishing scientific and informative articles.

Data retention criteria: will be kept for no longer than necessary to maintain the end of the treatment and when it is no longer necessary for this purpose, they will be eliminated with adequate security measures to guarantee the pseudonymisation of the data or the total destruction thereof.

Communication of the data: the data will not be communicated to third parties, except legal obligation.

I give my consent for the storage and preservation of the samples for possible use in the research on genetic disease and I authorize the transfer of the results of the clinical studies in an anonymous form for the study and pharmacological development, the sending of communications, data analysis and publication of scientific and informative articles:

| | □ Yes | □ No | |
|-------------------------|-------------|---|--|
| | | | |
| | | | |
| • | · | to you, you had all your questions so der the above terms, please affirmat | |
| below this informed cor | nsent form: | | |
| Place | date:// | _ | |
| | | | |
| Signature of Phycisian | | Signature of Patient | |

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