



## GENETIC TESTING CONSENT

Patient:

Mr. / Mrs: \_\_\_\_\_ from: \_\_\_\_\_ date  
of birth: \_\_/\_\_/\_\_\_\_ ID: \_\_\_\_\_

Informing physician:

Dr: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Requested Genetic Test: \_\_\_\_\_

I declare that I am informed and have understood that the patient \_\_\_\_\_

\_\_\_\_\_ may be affected or carry an inherited disease and that the diagnosis is based on the result of laboratory tests, which must be carried out with biological samples from the patient (and other family members when necessary).

- I give my consent for BIOARRAY, S.L. to use these samples in the diagnostic procedure, in the Centre itself and/or others designated by the Centre, when necessary:

YES

NO

- I consent to the storage and preservation of samples for possible use in genetic disease research:

YES

NO

- I consent to the use of the patient's iconographic material exclusively for scientific and diagnostic purposes:

YES

NO

Only health personnel duly authorised by Bioarray, S.L. may access personal data and the results of genetic tests.

### DATA PROTECTION

In accordance with data protection regulations, we provide you with the following treatment information:

Responsible party: BIOARRAY, S.L.

Rights that assist you: access, rectification, portability, deletion, limitation and opposition.



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

If you understood the information provided to you, you had all your questions solved and you give your consent for genetic testing under the above terms, please affirmatively sign below this informed consent form:

Place \_\_\_\_\_ date: \_\_/\_\_/\_\_

Signature of Phvcisian

Signature of Patient