

WITHDRAWAL OF CONSENT FORM

The undersigned

Tax ID No.

in accordance with the provisions of Article 7 GDPR, may withdraw his/her consent at any time, without affecting the legality of the processing carried out on the basis of said consent up to the time of withdrawal, in the following ways:

- By filling in the withdrawal form that will be provided by the reception staff and completing it to withdraw consent for one or more of the purposes for which he/she had granted it; or alternatively
- By filling in the form on the website: <http://www.lifebrain.it/>, in the section "Withdrawal of consent form", and send it by post to Laboratorio Analisi Guidonia Srl, Viale Roma 190/A - 00012 Guidonia Montecelio (RM) or by email to GDPR@lifebrain.it.

1. CONSENT TO DIAGNOSTIC ACTIVITY

The personal data indicated/transmitted, including data relating to health and/or genetic data and/or similar data, from which racial or ethnic origin or sex life may be revealed, and the diagnostic values collected by the Laboratory in the course of its duties during the diagnostic activity, or data relating to health and/or genetic data, may be processed for the purposes of the aforementioned diagnosis, the drafting of the report as well as invoicing, including any transfer of personal data to the competent bodies of the Italian National Health Authority (e.g. ASL, Regione/Region, etc).

I hereby revoke my consent with respect to the above-mentioned purpose

_____, __/__/____

2. CONSENT TO RECEIVE COMMUNICATIONS BY PHONE, TEXT MESSAGE, EMAIL

The Laboratory may contact and inform the undersigned of any news concerning the activities and/or services of our facility (e.g. opening of new clinics, activation of new services, promotions, etc.) via telephone or electronic communications (email, text message, etc.).

I hereby revoke my consent with respect to the above-mentioned purpose

____, _/ _/ ____

3. CONSENT OF A MINOR UNDER 16 YEARS OF AGE

As the holder of parental responsibility, regarding the processing of the personal data of the undersigned as well as the personal data indicated above in point 1) relating to a minor under 16 years of age:

Forename - Surname

Tax ID No.

I hereby revoke my consent with respect to the above-mentioned purpose

_____, __/__/____

4. CONSENT OF A PERSON WHO IS MENTALLY UNFIT AND/OR INCAPABLE OF ACTING

Exercising legal representation of the person concerned in the role of

Aware that the personal data of the undersigned, as well as the personal data indicated above under point 1) relating to the person represented by the undersigned:

Forename - Surname

Tax ID No.

I hereby revoke my consent with respect to the above-mentioned purpose

_____, __/__/____

5. CONSENT TO SEND REPORTS TO THE PORTAL

The laboratory may transmit the report to the Lifebrain portal and/or my.Healthbook (abbreviated to "Portal") by secure data transfer and personal data may be processed in accordance with the undersigned's agreement with the Portal (for details see <http://www.lifebrain.it/home-pazienti/referti-online-elenco-regioni/> and/or <http://my.salutepersonale.it/>).

I hereby revoke my consent with respect to the above-mentioned purpose

for the Lifebrain portal

for the my.Healthbook portal

_____, __ / __ / _____

6. CONSENT TO DELIVER THE REPORT FROM THE PORTAL TO THE DOCTOR

The Portal (see declaration of consent above under point 5.) may provide my report from the Laboratory to the doctor named on the Portal and thereby ensure a secure download of the report.

I hereby revoke my consent with respect to the above-mentioned purpose

_____, __ / __ / _____
