

Declaration of Informed Patient Consent to perform molecular tests

Name and surname: _____ PESEL (personal ID number): _____

Address: _____

***Consents are necessary to perform the commissioned test.**

*I agree to the use of the entrusted material for diagnostic tests, including RNA analysis.

YES NO

*I agree to the collection of my personal data and the results of my tests for the purposes of performing diagnostic tests in accordance with this order, and to provide me with the result of these tests

YES NO

*I agree to the processing of my personal data included in the referral, in accordance with the Act of 10 May 2018 on the Protection of Personal Data (Journal of Laws 2018, item 1000). The provision of personal data by the patient in order to perform the ordered tests is a statutory requirement (Article 25(1) of the Act of 06 November 2008 on Patient Rights and the Patient Ombudsman).

YES NO

*I agree to archiving and entrusting my personal data (including sensitive data) in the databases of the diagnostic facilities performing tests commissioned by Centrum Patologii Molekularnej CELLGEN.

YES NO

*I agree to the processing of my data, such as my e-mail address and telephone number, **for the purpose of providing me with the results ON-LINE¹**

YES NO

I agree to storage of the genetic material so that additional tests can be performed at any time,

without the necessity to collect new samples again.

YES NO

I agree to storage and anonymous use of genetic material for scientific research aimed at improving knowledge of the given disease entity and the development and validation of diagnostic tests for health purposes.

YES NO

I agree to the **anonymous** sharing of the genetic material with other entities, aimed at increasing knowledge of the given disease entity and development and validation of diagnostic tests for health purposes.

YES NO

I agree to the processing and collection of my personal data, mentioned above and the result of my tests for the purpose of conducting scientific research.

YES NO

I have been informed of the possibility of modifying and withdrawing my consent at any time and of my right to inspect my personal data, and the fact that their provision is voluntary.

I declare that I have been informed that due to incomplete personal data provided, it will not be possible in the future to refer to the results of these tests or to reproduce them.

I have been informed that obtaining a non-diagnostic result (e.g. due to too little RNA amount, degradation due to natural processes Or contamination of the material) is not a basis for reimbursement of the cost of the test. The Laboratory makes every effort to minimize the risk of such a situation, however, it is not possible to exclude it completely, in which case the test will be repeated once without an additional fee.

I acknowledge that in accordance with the Personal Data Protection Act of 10 May 2018, the administrator of personal data is Centrum Patologii Molekularnej CELLGEN, ul. Piwna 13, 50-353 in Wrocław. The data will be processed only for the above mentioned purposes. I have the right to review, correct, rectify, limit the processing and supplement my personal data.

REFERRAL FOR THE MOLECULAR TEST

NO.....

FILLED BY THE LABORATORY

.....
DATE OF MATERIAL RECEIPT
AT THE LABORATORY

.....
Stamp of the referring unit

**In order to commission the test, it is necessary to fill in the Informed Consent Declaration (overleaf).
Please fill out carefully in capital letters.**

| | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|---------|--|
| Patient's surname: | | | | | | | | | | | |
| Patient's name: | | | | | | | | | | | |
| PESEL (personal ID number) : | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | Gender: | |
| Address of residence: | | | | | | | | | | | |
| ¹ E-mail address: | | | | | | | | | | | |
| ¹ Telephone number: | | | | | | | | | | | |
| Type of test: | RNA detection SARS-CoV-2 with real-time PCR method | | | | | | | | | | |
| Type of material: | | | | | | | | | | | |
| Date and time of collecting of the material: | | | | | | | | | | | |
| Name and surname of the collecting person: | | | | | | | | | | | |
| Notes: | | | | | | | | | | | |

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STAMP AND SIGNATURE OF THE COLLECTING PERSON

¹An e-mail will be sent with the information about the possibility of downloading the result from wyniki.cellgen.pl web page. It is necessary to provide PESEL number, e-mail address and telephone number to which we will send a one-time SMS password. Please provide a Polish phone number. In case of a positive result your data will be forwarded to the local SANEPID (Sanitary and Epidemiological) station.