

Kraków, date .....



Bogusława Krzykwa  
Non-public Healthcare Cytogenetic Laboratory  
**KARIOGEN**  
31-436 Kraków, ul. Wieniawskiego 64

Surname .....

Name .....

Security Number .....

Phone number .....

### Agreement to data processing

I, the undersigned agree to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 hereinafter referred to as: GDPR, on the protection of individuals with regard to the processing of personal data by

**Non-public Healthcare Cytogenetic Laboratory Kariogen  
31-436 Kraków, ul. Wieniawskiego 64 (Laboratory)**

In order to:

- Describe and document the material given or collected for the purpose of genetic examination and performing the tasks necessary to obtain the results of examination
- Enabling a phone contact with matters regarding the examination and using the address in order to send the results of examination via post office

At the same time, I declare that my consent meets all the conditions referred to in art. 7 GDP, i.e. I am entitled to withdraw it at any time, I have the right to see and correct my data at any given time, and the request for consent has been presented to me in a clear and understandable manner. I have been informed that the data collected by the Laboratory will not be available to other entities, except for entities performing services related to the medical activities of the Laboratory.

Patient's legible signature

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\*Regulation of the European Parliament and the EU Council 2016/679 of 27 April 2016 on the protection of individuals with regard to processing personal data and on the free movement of such data and the repeal of Directive 95/46 / EC (general regulation on protection data)