

## DATA SUBMISSION FORM FOR THE PURPOSE OF PREPARING THE TEST REQUEST

### INFORMATION NOTICE ON THE PROCESSING OF PERSONAL DATA

I. The undersigned ..... as a **Patient**  
 The undersigned....., with domicile/residence in .....  
 ....., as Legal guardian (**parent, guardian, trustees**)/ **close relative/ husband/ wife/ representative** of the patient **or legal staff** designated by the patient, we voluntarily provided, for the purpose of preparing the request for tests by the relevant Synlab\* entity (hereinafter referred to as "Synlab") and for the provision of the requested services, the following data:

**Patient's name & surname:**  
**Date of birth:**  
**Domicile/Residence**

**PIN:**  
**Gender:**  
**Phone:**  
**E-mail:**

I hereby declare that I have read, understood, and acknowledged the content of the privacy notice regarding the processing of personal data displayed below, concerning the manner in which my data will be processed, and the rights granted to me under the law. I declare that, if the processing of my personal data is based on my consent, my choice was free and informed.

I declare that I have been fully informed about the procedure for collecting biological samples, the duration of their storage, and their use for the purpose of providing test results. I had the opportunity to ask questions and receive answers that clarified any relevant issues. I hereby give my informed, firm, and unequivocal consent to the procedure for collecting biological samples, processing, and testing them, and analyzing the samples for the purpose of providing test results.

☐ YES ☐ NO

**Note:** If you have already benefited from our services and have previously expressed your opinion concerning data processing for direct marketing purposes regarding SYNLAB's products and services, we will consider that option if you do not check any box in this section. However, if you want to update your previously expressed option, you can check the boxes below.

I agree to receive, **by email, marketing messages** from Synlab regarding the medical services and the activity provided, based on my personal data and digital interaction data ☐ YES ☐ NO

I agree to receive, **by SMS, marketing messages** from Synlab regarding the medical services and the activity provided, based on my personal data and digital interaction data ☐ YES ☐ NO

#### Synlab can send the test results as follows:

To the patient at the email address: .....

To the referring physician at the email address: .....

To a person designated by the patient at the email address: .....

I declare that all the information provided and recorded in this form is accurate and complete. SYNLAB undertakes no responsibility concerning the accuracy of the data stated above.

#### PRIVACY NOTICE

As a data controller, either directly or through its representatives, SYNLAB processes personal data in accordance with the principles and applicable legislation on the protection of personal data. Below, you will find all the information required by law in this regard, which we ask you to read carefully.

**Purposes and lawful basis:** (1) within the medical act, for the provision of medical assistance, the performance of services such as the scheduling of appointments, collecting samples, generating test reports and performing the tests requested by the patients, the necessary counseling/consultations needed before and/or after testing (as applicable), communicating the test report results, informing the referring physician (as applicable), reporting the results in case of critical values, other reporting activities, managing healthcare services; (2) carrying out the contractual relationship with the patients, including the billing operation, payment processing, and debt collection, as well as the improvement of our services; (3) by requesting feedback for the performance of the contract or fulfilling the legitimate interests of Synlab. Certain personal data categories of patients' are processed by Synlab based on its legal obligations under specific applicable legislation, such as healthcare, finance and accounting, tax and archiving law; (4) if you expressed your consent for direct marketing with processing of digital interaction data, the lawful basis for processing is consent; (5) Based on the contractual relationship with the patients, before or after the data retention periods have expired, or following a request to delete data or withdraw consent, Synlab may anonymize the data (thus removing its identifying characteristics) and continue to process anonymous data for statistical purposes. The digital interaction data may include the IP address, clicks, views, location, and device. Synlab processes the personal data of the **legal representatives** (parents, guardians, trustees) of minor and adult patients without legal capacity/ close relatives/ spouses/authorized persons and healthcare professionals for the purpose of performing services to the patients they represent based on their legal obligations, the execution of the contract or in order to fulfill the legitimate interests of Synlab or for marketing purposes based on the given consent.

You have the following rights, under the conditions provided by law: the right to information; access; rectification of data; erasure of data; restriction of processing; data portability; the right to object; the right not to be subject to an automated individual decision; the right to address the National Supervisory Authority for Personal Data Processing or the competent courts, as applicable.

These provisions are supplemented by the provisions of the **Extended Personal Data Processing Information Notice** available at reception, in physical and electronic format on the website [www.synlab.ro](http://www.synlab.ro). You can also request a copy of the Extended Personal Data Processing Information Notice from our colleagues at reception.

**Name and surname:** .....

**Signature:** .....

**Date:** .....