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| **SPERMATOLOGY LAB****G. LYMPEROPOULOS** | No: ΟΕ01-ΕΝ04Amendment: 1.0Date: 22.05.18 |

**CONSENT FORM**

(according to Art. 6 § 1(a) και 9 § 2(a) of Regulation (EU) 2016/679)

The undersigned below declares that:

1. I have read and understood the Information for the processing of Personal Data form, copy of which is uploaded to the Company’s website (<http://www.lymberopoulos-lab.gr/>) (“The Company”).
2. I have been fully informed by the Company about the processing of my Personal Data, and specifically for: the ID and contact information of the controller, the processing methods, the Personal Data processed, the processing purposes, the legal processing bases, the processing recipients, the processors, my rights regarding my Personal Data, the retention time, the transmission of Data, the details of the controller and the details of the supervising authority.
3. I had the opportunity to ask questions and I was given answers and information about all my questions. I had enough time to come to a decision, without any pressure.
4. I consent unreservedly that the Company and/or others that act on behalf of the Company, process Data about my health, genetic data and data concerning my sexual life, for the following purposes:

Performing medical procedures, laboratory tests and other diagnostic procedures for the diagnosis, treatment, health care and medical assessment of my male fertility.

1. I consent unreservedly to the registration, storage and retention of my Personal Data on the DeHealth platform. I also consent to receive all the results through this platform and declare that I wish to receive a personal unique code for accessing it. For the purpose of recovering that unique code, in the event of its loss, I declare that I wish to receive the new unique code in the following mail address: ……………………………………………………… This mail address belongs to ……………………………. and I declare that I wish the Company to contact me at it.
2. I know that I reserve the right to withdraw my consent at any time, without having to explain the reasons and at no cost. I can withdraw my consent by submitting a relevant document to the Company or by sending a relevant e-mail or by mail to the following contact details:

“**SPERMATOLOGY LABORATORY”**

**G. LYMPEROPOULOSMEDICAL LIMITED LIABILITY COMPANY**

46 Kifissias Avenue, 115 26, Ampelokipoi**,** Athens

T.: 210-6452172 – 210-6400626

Ε-mail: info@lymberopoulos-lab.gr

1. I authorize ………………………………………………………………… of ……………………………, ID No ……………………………… or Passport No ………………………………………………………

as on my behalf receives the results of my medical examinations from the Company. In addition to this, I acknowledge that the Company bears no responsibility for any loss, damage or unauthorized use of the above medical results as soon as the are delivered to the person authorized by me.

1. I authorize ……………………………………………………… of ……………………, ID No ……………………………… or Passport No ………………………………………………………

as on my behalf provides the Company with a quantity of biological sample (sperm sample), which at my sole discretion I declare that belongs to me, in order to perform the necessary medical examinations to assess my fertility. In addition, I hereby declare that I take full responsibility in the event that a biological sample that does not belong to me is delivered to the Company. Finally, I acknowledge that the Company bears no responsibility for verifying the identity of the person to whom the biological sample presented belongs.

Athens, ..../..../20....

Sign

Name