



EXAMINED PERSON'S STATEMENT, INFORMATION & CONSENT FORM - AUTHORIZATION

I, the undersigned, hereby state that I was fully and thoroughly informed of the necessity, the purpose, the nature, and the method of carrying out the recommended diagnostic tests/analyses by my doctor and/or the doctor in charge and/or the scientific staff director of the company under the corporate name "GENEKOR PRIVATE DIAGNOSTIC LABORATORY MEDICAL SOCIÉTÉ ANONYME" for the recommended tests/analyses as requested by my physician

Following the provision of information, I, the undersigned, state that I unreservedly give my consent to the aforementioned company so it can proceed, through the competent and proper personnel, with the carrying out of the aforementioned diagnostic tests/analyses and to any action which may be deemed necessary during the tests, such as the processing of health data of close relatives for hereditary reasons.

Furthermore, I expressly consent to the communication of my test results to the referring physician and to the use of my test results in scientific research, which may be published, or for statistical purposes, by which, however, I will not be identified for any reason.

In light of the above, I state that I wish to have my results (fill one of the below):

sent to my personal email:..... or

sent to my personal postal address:

..... or

delivered to

son/daughter of, upon showing his identity card, whom I hereby specifically authorize to do so.

Furthermore and in addition to the referring physician, I wish you to send my results to the following physician

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I was informed that my biological material may be fully consumed for the purposes of the above analysis and I authorize the company "GENEKOR PRIVATE DIAGNOSTIC LABORATORY MEDICAL SOCIÉTÉ ANONYME" to return any remaining biological material (when and where necessary) to the pathology lab which processed the histopathology analysis of my sample. In any other case I request to be sent to

PERSONAL DATA PROCESSING CONSENT FORM

I, the undersigned expressly declare that my personal information (personal data – sensitive and not) is accurate and that I transmit them to the Medical company under the corporate name "GENEKOR PRIVATE DIAGNOSTIC LABORATORY MEDICAL SOCIÉTÉ ANONYME" and the distinctive title "GENEKOR M.S.A" regarding the processing of them in order for the company to provide me with the medical services I have requested as well as to keep my medical file pursuant to medical legislation.

Furthermore, I, the undersigned, expressly declare.

I was informed that the data controller for my personal data is the Medical Company under the corporate name "GENEKOR PRIVATE DIAGNOSTIC LABORATORY MEDICAL SOCIÉTÉ ANONYME" and the distinctive title "GENEKOR M.S.A", which has its registered seat in Gerakas, Pallini, Attica, (52 Spaton Ave.), telephone: +30 210 6032 138, fax: +30 210 6032 148 and email: info@genekor.com

I was also informed that my personal data shall not be used for any other purpose or transferred to any third party within or outside the European Union, apart from the cases where the transfer of my personal data and my biological material to collaborating laboratories is deemed necessary for the completion of my tests. Specifically, for the analysis OncotypeDX, I was informed that both my biological material and my personal data will be transferred to the United States of America and specifically to the laboratory of Genomic Health Inc.

I was informed that the results of my medical tests and my medical file in general is securely kept by the aforementioned Medical Company pursuant to the Medical and Personal Data legislation, pursuant to which the medical archive must be kept for a period of ten (10) years from the patient's last visit to the private medical company.

I was informed that, in the event where my genetic material (DNA/RNA) has not been fully consumed for the needs of the analyses, the remaining material shall be kept for a period of three (3) year from the date of isolation and then it will be destroyed.

I was informed that I may request in writing, at any time, information about my personal data from the aforementioned Medical Company (right of access) as well as to request rectification, alteration, erasure and restriction of the processing. I also understand that I have the right to object to the processing and the right to data portability according to the Law. Furthermore, I understand that I have the right to withdraw my consent at any time and that the lawfulness of the processing based on such consent before its withdrawal shall not be affected. Finally, I know that I have the right to lodge a complaint in the event where I consider that the Data Protection Law is not complied with in relation to my data. Finally, that I can exercise my aforementioned rights to the extent that no such right is contrary to the obligation of the aforementioned company to keep my medical file as required by Law

Gerakas, Palini:/...../ 20....

Signature: _____

Full Name: _____

Social Security Number: _____