

AUTHORIZATION FOR PROCESSING OF PERSONAL DATA OF A SUBJECT UNDER THE AGE OF 18,
INTERDICTED, INCAPABLE

Surname Name.....
born in..... date...../...../..... Mobile phone.....
email.....

As a person exercising the legal authority over the minor, interdicted, incapable
..... born in date/...../

Aware of the criminal sanctions in the event of an untruthful declaration, pursuant to art. 76 of the
Presidential Decree 445/2000, having read the Information on Data Processing, pursuant to EU Regulation
679/2016, available upon request at the reception desks.

- I consent to the processing of HIS/HER/THEM PERSONAL AND SENSITIVE DATA.

SIGNATURE (required) _____

- I allow the PUBLICATION OF THE RESULTS ON THE LAB'S WEBSITE, where they can be read after
accessing with personal passwords issued at the time of acceptance.

SIGNATURE (optional) _____

- In the case of a minor, the parent present self-certifies the absence of the other parent due to distance
and/or impediment.

SIGNATURE (required) _____

- By signing this document, I declare that I have carefully read the content of the information provided by
the laboratory, pursuant to EU Regulation 679/2016.

SIGNATURE (required) _____

DATE ___ / ___ / _____