

AUTHORIZATION FOR PROCESSING OF PERSONAL DATA

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

• I consent to the processing of my PERSONAL IDENTIFICATION DATA in the manner and for the purposes indicated in the Data Processing Information, pursuant to art. 13 and 14 of EU Regulation 679/2016, available upon request at the reception desks.

SIGNATURE (required) _____

• I consent to the processing of my SENSITIVE DATA in the manner and for the purposes indicated in the Data Processing Information.

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) _____

• I consent to the processing of my data for sending EMAILS relating to news and offers provided by the structure.

SIGNATURE (optional) _____

• 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 ____/____/____