

**Life Genomics AB**

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Please note that all fields on this referral form are mandatory.**Informed consent**

By signing this consent document, I hereby certify that I have read, or have had read for me, the information of consent. I understand the information and allow Life genomics AB ("Life Genomics") to perform my chosen laboratory tests. I have had the opportunity to ask questions and discuss the possibilities, limitations, and possible risks of the test with my doctor.

By signing this document, I agree that Life Genomics processes my personal data covered by this referral (including my name and date of birth) as well as saliva sample for the purpose of performing the ordered test and in accordance with the Personal Data Policy. I have taken part of the Personal Data Policy: <https://www.lifegenomics.se/en/about-us/personal-data-policy/>, which applies to the personal data processing provided by LG's services. I am aware that my personal data may be transferred to third parties in accordance with the Personal Data Policy and below.

Personal data and saliva samples will be sent to Life Genomics in Sweden, for further transport to Ziwig Lab (952 130 664) in France, which is the analyzing laboratory where the genetic analyzes linked to this referral are carried out. Ziwig Lab will process personal data and saliva samples for the purpose of performing the Ziwig Endotest® and providing a response report. Analytical data and saliva samples may be used within the laboratory and/or within the framework of transfer to third parties after an anonymization process, for method validation, quality audit, quality control, scientific research, in strict compliance with legal and regulatory conditions. I am aware that personal data (including test results) and any remaining saliva samples may be stored in accordance with applicable statutory time. Data processing agreement has been signed between Life Genomics and Ziwig Lab in accordance with Article 28.3 of the General Data Protection Regulation EU 2016/679 (GDPR).

I am aware that, at any time, I can revoke my consent. If I choose to revoke my consent or request not to receive the results, Life Genomics will use commercially reasonable efforts to destroy the saliva sample in accordance with applicable laws and regulations. Withdrawal of my consent can be done by writing to Life Genomics at: Life Genomics AB, Odinsgatan 28, 411 03 Gothenburg, Sweden.

Signature, patient

Signature:

Date (YYYY-MM-DD):

Signature, prescriber

My signature shows that I have informed the patient about recommendations and limitations regarding Ziwig Endotest®.

Signature:

Date (YYYY-MM-DD):

Patient information

Birth name:

First name:

Gender:

☐ F (female)☐ M (male)

Date of birth:

(YYYY-MM-DD)

Prescriber information

Title:

Birth name:

First name:

Clinic name:

Street address:

ZIP code and city:

Country:

Clinical information☐ No ☐ Yes Patient is between 18 and 43 years.☐ No ☐ Yes Patient has clinical signs of endometriosis and/or infertility.☐ No ☐ Yes Patient has a history of cancer.☐ No ☐ Yes Patient has a history of HIV.☐ No ☐ Yes Patient is pregnant.**Pre-analytical information**☐ No ☐ Yes Saliva collected in the morning (recommended, but no requirement).☐ No ☐ Yes Patient has not had anything in or on her mouth for the last 30 minutes (no eating, drinking, brushing teeth, smoking, using snus, chewing gum, or using lipstick).☐ No ☐ Yes Patient feels well. Absence of ear, nose, and throat infection.☐ No ☐ Yes No blood in the saliva. Sufficient saliva volume. Non-expired tube.☐ No ☐ Yes Keep the sample in room temperature before shipping.

Date of sampling:

Comments

Stick barcode here

Or write barcode number: