

**Wren Laboratories
Patients' Consent Form**

Patients' details:

Full name:
Identification:
Full Address:
(You)

Ordering Physician's full name:
Physician medical licence number:
Practice full address:
(Your physician)

Wren Laboratories' details:

Wren Laboratories LLC
688 East Main Street.
Branford, CT 06405
USA

Wren Laboratories (Europe) Ltd
12-14 Finch Road
Douglas
Isle of Man
IM1 2PT

The defined terms set out on the Privacy Policy for Patients will apply to this form, as relevant.

Wren Laboratories may process your personal data to provide your physician with NETest and PPQ/PRRedicTor (**Tests** or **our services**), in accordance with the data protection laws as updated by the GDPR.

For the purposes of providing your physician with our services, Wren Laboratories will collect and process your data. Please read carefully our Privacy Policy for Patients given to you by your physician, together with this consent form, for further guidance on how we may process your data.

To process your physician's Tests order, in accordance with Wren Laboratories Privacy Policy for Patients, we request your consent as following (please check each box as appropriate).

In the absence of your consent to either or both sections above, Wren Laboratories may still process your data under one or more other circumstances and lawful bases, as described on the Privacy Policy for Patients, under its section 4.

1. You give your consent for the following personal information relating to you (your data), to be provided by your physician, to be stored and processed by Wren Laboratories and by its processors for Tests purposes:
 - 1.1. personal identification information: such as name, date of birth, contact details and bank details (if you are paying for our services), as the case may be; and
 - 1.2. special categories of personal data:
 - a. health data: such as medical reports, diagnosis and treatment history;
 - b. genetic samples: such as blood samples;
 - c. genetic data: such as information extracted from your genetic samples; and
 - d. health data: such as information about your health condition and treatment provided by your physician or by your Tests' results.

Yes Date: _____ Your signature: _____

2. You give your consent for your data to be further processed and stored by Wren Laboratories for the purpose of scientific research related to the development and improvement of our services.

Yes Date: _____ Your signature: _____

You may withdraw your consent given to either or both sections above, at any time, by contacting our Data Protection Officer via:

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Email: : eu-privacy@wrenlaboratories.com
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Germany