

INFORMED CONSENT

Pursuant to Act no. 576/2004 Coll., by checking the box, I hereby agree with the following:

- a) at my own request, I order from **Medirex, a.s.**, CIN: 35 766 450 (hereinafter referred to as **"Provider"**), the performance of chosen laboratory tests specified in the application form (hereinafter referred to as **"Test"**);
- b) I was informed about the price of the Test in accordance with the Provider's price list and I hereby agree to pay the price of the Test to the Provider as the Test is not reimbursed from the funds of statutory health insurance (Section 8 (a) of Act no. 577/2004 Coll.);
- c) before performing of the Test, I have been informed in a clear, considerate way and without any coercion about the purpose, nature, possibilities, other alternatives, consequences and risks of the performed Test (Section 6 of Act No. 576/2004 Coll.) and I have had the opportunity to freely decide whether to undergo the Test;
- d) I have been instructed that upon digital delivery of the Test results, these will be disclosed to me only after entering the agreed password, which I am obliged to protect against loss or disclosure to third parties unauthorized for disclosure of the Test results;
- e) I am aware that in case of COVID-19 determining Test the result of the Test shall be sent to Public Health Authority of the Slovak Republic, which will then proceed in compliance with the Guidelines of the Head of Public Health Authority of the Slovak Republic in connection with COVID-19 disease caused by SARS-CoV-2 coronavirus; and
- f) I have been advised that if I am diagnosed with a communicable (infectious) disease, I am obliged to receive the Test result personally and deliver it to my attending physician. If I know the source of the infection, I am obliged to identify it to my attending physician or otherwise to provide him with all the necessary information to identify it while determining the circle of people I could have transferred the disease to and to act so as to prevent the transmission of that disease to other persons (Section 11 (14) of Act No. 576/2004 Coll.).

I hereby acknowledge that:

- a) the Provider, as the data controller, is authorized to process my personal data provided in the application form for the Test as well as the sample itself for the purposes of performing the Test, as well as for scientific and academic purposes, directly on the basis of healthcare and public health regulations, GDPR no. 2016/679 and Act no. 18/2018 Coll. (hereinafter referred to as **"Data Protection Regulations"**);
- b) information on the scope of rights related to my personal data, including the right to lodge a complaint to the supervisory authority and the right to withdraw consent in specific cases, has been published by the Provider online at: www.medirex.sk/legislativa;
- c) in order to achieve the purpose of provision of personal data, the Provider is entitled to disclose my personal data to processors, in particular to companies gathered in MEDIREX Group, as indicated online at: www.medirex.sk/legislativa;
- d) I am aware that I may contact the Provider's data protection officer by e-mail at: dpo@medirex.sk;
- e) The Provider shall not be held responsible for any consequences that may arise as a result of my provision of incorrect or incomplete information to the Provider during the initial consultancy before undergoing the Test or my provision of a sample for the Test that was not collected directly by the Provider;
- f) The provider reserves the right to examine specific parameters of the sample only if necessary parameters are indicated by my treating physician; and
- g) The results of the Test cannot be used for legal purposes and have informative character. The provision of the Test results nor the follow-up interpretation of the Test results by the Provider or myself shall not replace the decision of an attending physician on establishing a diagnosis and the following determination of treatment and the Provider shall not be held accountable in this respect in any way.

Correspondent address:

MEDIREX GROUP

Galvaniho 17/C • 821 04 Bratislava
telephone: +421220829111 • fax: +42122082911
www.medirexgroup.sk

