

## CONSENT FORM - COVID-19 TESTING

Me, ..... born at ..... agree by submitting a sample (tissue/smear/body fluid) that this probe will be tested for the presence of Covid-19 viruses and/or antibodies. I agree with the performance of the test by the laboratory of PharmGenetix GmbH, Sonystraße 20, A-5081 Anif/Niederalm. This company is entitled to process (store) my personal data and to report my data and test results to the EMS (epidemiological reporting system of the Health Ministry, Republic of Austria), the responsible Regional Health Directorate and the permanent district headquarters.

Information on the nature and scope of the notification can be requested at any time from the above mentioned company. The sample material is stored by PharmGenetix GmbH for a period of 45 days after the report of the findings and will then be destroyed. The findings themselves must be archived electronically by this company for a period of 30 years.

I further agree that the test result will be communicated to me through my employer. I therefore refrain from communicating directly with the above mentioned company.

I am aware that a positive test result in relation to the presence of Covid-19 viruses can lead to regulatory isolation measures.

I am also aware that the analysis method can produce incorrect test results. I will not derive any claims against the above mentioned company from this.

I have been informed about the extent of my personal data processing, as well as my rights in regard of the information, restriction, rectification, transfer, deletion and complaint towards the data protection authority in accordance with the General Data Protection Regulation GDPR (for more information please refer to the terms and conditions under [www.pharmgenetix.com](http://www.pharmgenetix.com)).

.....  
Signature

.....  
Date and Place