

# Test Requisition Form

COVID-19 (PCR and serology testing: IgG/IgA or IgM)

\* Required fields

CENTRE INFORMATION		
Centre name: *	VAT number: *	
Entity: *	Origin: *	
E-mail: *	Request date: * / / (day/month/year)	
Telephone: *	Collection address: *	
PATIENT INFORMATION		
First name: *	Surname: *	
Gender: * <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth: * / / (day/month/year)	
ID/passport: *	Telephone: *	E-mail:
Nationality:	Address:	
TEST / SPECIMEN INFORMATION		
Coronavirus RNA (COVID-19) <sup>1</sup> : <input type="checkbox"/> Nasal <input type="checkbox"/> Pharyngeal <small>1. Nasal sample mandatory, pharyngeal sample optional</small>	Collection date: * / / (day/month/year)	
Coronavirus SARS COV-2 IgG antibodies: <input type="checkbox"/> Serum	Collection date: * / / (day/month/year)	
Coronavirus SARS COV-2 IgA or IgM <sup>2</sup> antibodies: <input type="checkbox"/> Serum <small>2. Depending on reagent availability</small>		
EPIDEMIOLOGICAL QUESTIONNAIRE		
Do you currently have or have you had a fever, cough, sore throat, chills, shortness of breath or other respiratory symptoms, vomiting or diarrhoea for the past 15 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked or spent time for the last 15 days in a health centre where patients with COVID-19 infections were admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been in close contact with a probable or confirmed case of COVID-19 infection within the past 15 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the patient work in a healthcare setting or in essential activities or belong to a vulnerable group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you been in contact with a patient with an acute respiratory infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ORDERING PHYSICIAN INFORMATION		
Full name: *	Medical license: *	
Tel.: *	E-mail: *	
Signature: *	Date: * / / (day/month/year)	
PATIENT AUTHORIZATION		
<p>By signing this form, I confirm that I have read and accept the information contained herein. I attest that I am over 18 years of age and competent to sign a legally binding contract. I confirm that all the personal data provided is truthful and that the biological samples provided come from me and do not correspond to a third party. I allow the molecular study for the Coronavirus RNA (COVID-19) and/or the serology testing (IgG and IgA or IgM) for the SARS COV-2 coronavirus to be performed, and I accept that it is necessary to obtain a biological sample for these purposes. Likewise, I authorize SYNLAB to perform the serology testing related to the SARS COV-2 coronavirus using either EIA, CLIA or CMIA methodology, depending on the availability of the reagent that results from the limited worldwide stocks.</p> <p>I authorize and grant my express consent to SYNLAB DIAGNÓSTICOS GLOBALES, SAU, as well as to companies in the SYNLAB group, to transfer any surplus of my biological sample, together with the analytical results, duly anonymized (that is, without my personal identification), to other collaborating entities of SYNLAB GROUP, both in Europe and in third countries, for their use for purposes of public, scientific, historical, statistical, medical-commercial development and of research, all with the appropriate guarantees.</p> <p>I am aware that, despite this transfer, I do not acquire any ownership rights to or financial consideration for any results or benefits that may be derived from the research.</p> <p>This consent may be withdrawn at any time. [By ticking YES, you may play an important role in scientific developments]</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of the patient or legal representative: *	Date: * / / (day/month/year)	

# Informed consent

## Data protection

<b>BASIC DATA PROTECTION INFORMATION</b> <small>Informed Consent [GDPR (EU) 2016/679]</small>	
<b>CONTROLLER</b>	<b>SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U.</b>
<b>PURPOSE</b>	Provision of the clinical analysis service and statistical, scientific, billing and communication services
<b>LAWFUL BASIS</b>	Consent of the data subject and/or contractual relationship
<b>RECIPIENTS</b>	No data will be transferred to third parties except under legal or contractual obligation
<b>RIGHTS</b>	Access, rectify and erase data, restriction of processing and data portability
<b>ADDITIONAL INFORMATION</b>	<b>You can see additional information at <a href="http://www.synlab.es">www.synlab.es</a></b> More info overleaf

Pursuant to GDPR (EU) 2016/679, Spain's Data Protection Act LOPDGDD 3/2018 and the Patient Autonomy (Regulation) Act 41/2002, we notify you that your personal, identifying and health data will be added to a file owned by **SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U.** and will only be used for the stated purpose:

- All the information you provide us or which we obtain is needed to provide the service and will be processed completely confidentially. All the laboratory's doctors and staff are required to maintain due secrecy about such data.

<b>WHO IS THE CONTROLLER FOR YOUR DATA?</b>
<b>IDENTITY:</b> SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U. <b>VAT No:</b> A-59845875 <b>POSTAL ADDRESS:</b> C/ Verge de Guadalupe 18, 08950 / Esplugues de Llobregat (Barcelona) <b>PHONE:</b> 933 636 000 <b>CONTACT D.P.O./DATA PROTECTION COORDINATOR:</b> <a href="mailto:protecciondedatos@synlab.es">protecciondedatos@synlab.es</a>

**FOR WHAT PURPOSE DO WE PROCESS YOUR DATA?** At SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U. we process the information provided by our patients in order to manage their demographic and health data, conduct clinical analyses, for statistical and scientific services (after anonymisation) and billing and contact with the patient for information about SYNLAB facilities and services.

**HOW LONG DO WE RETAIN YOUR DATA FOR?** The personal data provided will be retained only as long as the contractual relationship is maintained and the data subject does not ask to erase them or during the period of legal obligation.

**WHAT IS THE LAWFUL BASIS FOR PROCESSING YOUR DATA?** Consent of the data subject and/or contractual relationship.

**WHICH RECIPIENTS WILL YOUR DATA BE RELEASED TO?** Your data will not be disclosed to third parties without your prior consent.

**WHAT ARE YOUR RIGHTS WHEN YOU PROVIDE US WITH YOUR DATA?** Anyone has the right to obtain confirmation about whether or not SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U. is processing personal data that concerns them. Data subjects have the right to access their personal data, request rectification of inaccurate data or, where applicable, ask us to erase them when among other reasons the data are no longer needed for the purposes for which they were gathered. In certain circumstances the data party can ask us to restrict our processing of their data, in which case we will only retain them for the purpose of exercising or defending legal claims.

In certain circumstances data subjects may object, on grounds related to their particular situation, to processing of their personal data. SYNLAB DIAGNÓSTICOS GLOBALES, S.A.U. will then no longer process the personal data save on compelling legitimate grounds or for the exercise or defence of legal claims.

**HOW HAVE WE OBTAINED YOUR DATA?** We have obtained the data from the data subject or their authorised legal representative.

I have read and accept the terms of service and processing of my data in the manner indicated above.

Date: \*    /    /    (day/month/year)

Signature Mr/Mrs: \* \_\_\_\_\_