

**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):

Ver. 2024-01-25

Laboratory information

Corporate name: Life Genomics AB
Address: Odinsgatan 28, 411 03 Göteborg, Sweden
E-mail address: endotest@lifegenomics.se

Patient information

Birth name:

First name:

Gender:

☐ F (female)

☐ M (male)

Date of birth:

Prescriber information

Title:

(dr., nurse etc.)

Birth name:

First name:

Medical practice address

Clinic name:

Street address:

ZIP code and city:

Country:

Clinical information

In the fields below, mark Y for "yes" or N for "no"

- ☐ Y ☐ N Patient's age is between 18 and 43 years
- ☐ Y ☐ N Presence of clinical signs suggestive of endometriosis
- ☐ Y ☐ N History of cancer
(0059, reference used by sequencing lab)
- ☐ Y ☐ N History of HIV infection
(0060, reference used by sequencing lab)
- ☐ Y ☐ N Pregnant patient
(0061, reference used by sequencing lab)

Pre-analytical information

It is necessary that the patient from 30 minutes prior to sampling feel well and has not had anything in her mouth.

In the 30 minutes prior to sampling, did the patient:

- ☐ Y ☐ N Eat?
- ☐ Y ☐ N Smoke or use "snus"?
- ☐ Y ☐ N Drink?
- ☐ Y ☐ N Chew gum?
- ☐ Y ☐ N Brush her teeth?
- ☐ Y ☐ N Wear lipstick?
- ☐ Y ☐ N Show symptoms of sickness/illness?
- ☐ Y ☐ N Show traces of bleeding from the mouth?

Date of sampling:

Comments

Stick barcode here

Or write barcode number: