



E.D.P.A.® Patented

**ANAMNESTIC FORM**  
to be attached to the dust samples  
to request the E.D.P.A.®

**Fill in this Anamnestic form in all parts**

<b>First name</b>		<b>Age</b>
<b>Surname</b>		
<b>Address</b>		
<b>City</b>	<b>Country</b>	
<b>Email</b>		
<b>Phone n.</b>		<b>Fax</b>
<b>Fiscal code and/or VAT number of the person effecting the payment:</b>		

<b>Please send the E.D.P.A.® report and the invoice to:</b>
<b>to the following e-mail address:</b>
<b>or to the following fax number:</b>
<b>and / or to the email address of your doctor:</b>

**Perprin S.r.l.**

Via del Mattatoio Vecchio 7 - 06063 Magione (PG) - Italy - C.F. e P.IVA: 02542090549  
Tel. e Fax: 075 / 8683733 - Cell.: 334 / 2687323 - E-mail: [urania@edpa.it](mailto:urania@edpa.it) - [www.edpa.it](http://www.edpa.it)

**Mark with an X the anamnestic form in case of**  
**DERMATOLOGICAL PROBLEMS**

<b>When did the first lesions start (period)?</b>				
<b>Where are your lesions?</b>				
<input type="checkbox"/> <b>HEAD</b>	<input type="checkbox"/> <b>FACE</b>	<input type="checkbox"/> <b>NECK</b>	<input type="checkbox"/> <b>ARMS</b>	<input type="checkbox"/> <b>HANDS</b>
<b>TRUNK</b>		<b>PELVIS</b>	<b>LEGS</b>	
<input type="checkbox"/> back		<input type="checkbox"/> buttocks	<input type="checkbox"/> thighs	
<input type="checkbox"/> shoulders		<input type="checkbox"/> genitals	<input type="checkbox"/> calves	
<input type="checkbox"/> breast			<input type="checkbox"/> ankles	
<input type="checkbox"/> belly			<input type="checkbox"/> feet	
<input type="checkbox"/> <b>OTHER</b> (specify) _____				
<b>What kind of lesions are they?</b>				
<input type="checkbox"/> A lot of small reddish spots (about 1mm)				
<input type="checkbox"/> Swelling reddened with a central bladder				
<input type="checkbox"/> Big reddish swellings with a central lesion (about 2 cm)				
<input type="checkbox"/> Simple rash with itch				
<input type="checkbox"/> other (specify) _____				
<b>The lesions are more often:</b>				
		<input type="checkbox"/> grouped	<input type="checkbox"/> scattered	
<b>Have all in the family any lesions?</b>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Just some
<b>Appearance of itch mainly:</b>				
<input type="checkbox"/> during the day	<input type="checkbox"/> by night	<input type="checkbox"/> in the morning	<input type="checkbox"/> in the evening	<input type="checkbox"/> no itch
<b>Particular notes that you want to communicate to the laboratory:</b> _____				
_____				
_____				
_____				
_____				
<b>Kind of dwelling:</b>				
<input type="checkbox"/> flat in the city		<input type="checkbox"/> house/country house		
<b>Do you spend any time in the garden?</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes		
<b>Are there any animals at home?</b>				
<input type="checkbox"/> Dog		<input type="checkbox"/> Cat		
<input type="checkbox"/> Other (specify)		_____		
<b>Are there any plants at home?</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes		
<b>Are there any woodworm-eaten furniture?</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes (specify in which rooms) _____		
<b>Do you keep firewood at home?</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes		
<b>Are there any moisture or mold stains on the walls?</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes (specify in which rooms) _____		

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**Mark with an X the anamnestic form in case of**  
**BREATHING PROBLEMS**

<b>During the day have you got any bronchial asthma access?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>During the day have you got any bronchial asthma access?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>In some rooms, do you:</b>		
try a sense of choking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	_____	
	(specify in which rooms)	
often cough suddenly?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	_____	
	(specify in which rooms)	
have discomfort and irritation of the nostrils?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	_____	
	(specify in which rooms)	
have sometimes rhinitis and tearing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	_____	
	(specify in which rooms)	
While sleeping, have you a breathing noisy with wheezing? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		
Particular notes that you want to communicate to the laboratory: _____		
_____		
_____		
_____		
_____		
<b>Kind of dwelling:</b> <span style="margin-left: 20px;"><input type="checkbox"/> flat in the city</span> <span style="margin-left: 20px;"><input type="checkbox"/> house/country house</span>		
<b>Do you spend any time in the garden?</b> <span style="margin-left: 20px;"><input type="checkbox"/> No</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>		
<b>Are there any animals at home?</b> <span style="margin-left: 20px;"><input type="checkbox"/> Dog</span> <span style="margin-left: 20px;"><input type="checkbox"/> Cat</span>		
<span style="margin-left: 100px;"><input type="checkbox"/> Other (specify) _____</span>		
<b>Are there any plants at home?</b> <span style="margin-left: 20px;"><input type="checkbox"/> No</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>		
<b>Are there any moisture or mold stains on the walls?</b>		
<span style="margin-left: 20px;"><input type="checkbox"/> No</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span> _____		
(specify in which rooms)		
<b>ENVIRONMENTAL CHECK</b>		
<input type="checkbox"/> I request this exam just to know if in my house there are dangerous insects or mites.		

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## **Privacy policy and consent**

Dear customer, we would like to inform you that Regulation (EU) 2016/679 lays down rules on the protection of individuals with regard to the processing of personal data, as well as rules relating to the free movement of those data.

According to the above mentioned European Regulation, personal data will be processed lawfully, correctly and transparently with regard to the person concerned.

Therefore, pursuant to Article 13 of Regulation (EU) 2016/679, we provide you with the following information:

1. The owner of the processing of your personal data and of the protection of the same is the following company that manage our Urania Research Centre, in the person of the sole Administrator :
  - the company Perprin S.r.L., with registered office in Via Pietro Nenni 1, Loc. Tavernelle, Panicale (PG), email address: perprin@legalmail.it , telephone n. (+39)75-5002436.
2. The personal data provided by you will be processed for the purposes related to the research activities and to the services offered by our URANIA Research Centre, in particular:
  - Examination of the Anamnestic form;
  - Examination of the dusts and other material supplied by you for the request of one of our services (E.D.P.A. ®, E.D.P.A.I. ®, Scabies-Test, Arthropod Identification Service);
  - Elaboration of the results obtained by drawing up a written report;
  - Issuance of the invoice for the payment of the service;
  - Archiving of information at our network;
  - Anonymous use of results for research, scientific publications, national and international scientific projects;
  - Anonymous use of any photos provided, as long as they are not clearly attributable to the subject concerned, for research, scientific publications, national and international scientific projects.
3. The categories of subjects responsible for the processing of your data will be:
  - the staff involved in the examination of dusts and other services of our URANIA Research Centre requested, and in the written report with the results of the research carried out;
  - doctors or other individuals, to whom the report of our examination will be sent, on your possible express request.
4. The personal data provided by you will be stored by the controller until the existence of the activity of our Urania Research Centre for research purposes, scientific publications, national and international scientific projects.
5. At any time, you may exercise your rights and ask the data controller:
  - the purpose of the treatment;
  - the logic used for the processing of personal data;
  - the categories of personal data in question;
  - the recipients or categories of recipients to whom personal data have been or will be communicated, in particular if recipients of third Countries or international organisations;
  - the retention period of the personal data envisaged, or the criteria used to determine that period;
  - to access your personal data and to ask for rectification or deletion (article 16 and 17), or the limitation of treatment (art. 18) concerning them or to oppose their treatment (art. 21), in addition to the right to data portability (art. 20) ;
  - to revoke the consent at any time, without affecting the lawfulness of the consent-based treatment prior to revocation;
  - to propose a complaint to a supervisory authority.
6. All requested data shall be indispensable for the above mentioned purposes, including the data which may be conferred on the members of your household. The above mentioned aims may also involve sensitive data, both yours and those of the members of your household (art. 9) and may result in the communication of the data, including sensitive ones, to third parties (if you request the examination results to be sent to your doctor or other person).
7. The treatment shall be carried out by the following means:
  - paper
  - electronic media
8. Such personal and sensitive data may be processed and used only with your written consent (art. 6 and 7 of Reg. (EU) 2016/679).

We therefore ask you to express your consent for:

-processing and using personal data (point 2) and sensitive data (point 6) for the purposes referred to in point 2.

Place and date..... Sign for consent.....

-communicating personal data (point 2) and sensitive data (point 6) to third parties referred to in point 3.

Place and date..... Sign for consent.....

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