

ANAMNESTIC FORM

to be attached to the dust samples to request a

SCABIES-TEST

Fill in this Anamnestic form in all parts

First name			Age	
Surname				
Address				
City	Country			
Email				
Phone n.		Fax		
VAT Reg No:	,			
Please send the Scabies Test report and the invoice to:				
to the following e-mail address:				
or to the following fax number:				
and/or to the email address of your doctor:				

Mark with X the Anamnestic form fitting your case

When did the first lesions start (po	eriod)?		
Where are your lesions?			
□ ARMS □HANDS			
TRUNK □ back □ shoulders □ breast □ belly	PELVIS □ buttocks □ genitals		LEGS □ thighs □ calves □ ankles □ feet
□ OTHER (specify)			
What kind of lesions are they? ☐ A lot of small reddish spots (about a Swelling reddened with a central ☐ Big reddish swellings with a cent ☐ Simple rash with itch ☐ Skin burrows ☐ other (specify)	bladder ral lesion (about	,	
Have all in the family any lesions?	Yes □ Yes	□ No	□ Just some
Appearance of itch mainly:	y night		□ no itch
Which one?			
Did you have any contact with peo	ple probably aff		
☐ Yes ☐ No Are there any animals at home?	□ Dog	□ I don't	KNOW
	•		
Particular notes that you want to	communicate to	the laboratory:	:

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:

- . 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