

Participant ID _____

Informed Voluntary Consent for Medical Intervention

I, _____
(Full Name, Date of Birth, Address of Registration, Address of Residence (also specified if different from the registration address),
acting as the legal representative of a minor

(Full Name of a minor, Date of Birth, Address of Residence (should be completed if the applicant does not live at the legal representative's address)

give informed voluntary consent to the types of medical interventions included in the List of Certain Types of Medical Interventions. This includes the primary medical care for which citizens provide informed voluntary consent when choosing a doctor and medical organization, approved by order of the Ministry of Health and Social Development of the Russian Federation dated 23 April 2012 No. 390N (hereinafter referred to as the types of medical interventions included in the List).

This includes service for taking a smear for laboratory testing of biological material. The medical service for laboratory testing of biological material is provided by the Federal Budgetary Institution of Healthcare "Federal Hygienic and Epidemiological Center" of the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing. The medical service for collecting biological material for laboratory testing (taking a smear) specifically to your location by:

this box should be completed by the organization that provides collecting biological material

Healthcare provider _____

(Position, Surname, Name, Patronymic (if any) of the healthcare provider) has thoroughly explained to me the objectives, methods of treatment, potential risks, available medical interventions, their implications, including possible complications, and the anticipated outcomes of treatment in a manner that I can easily understand. I have been informed that I retain the right to decline specific medical interventions listed or to request their cessation, except in cases outlined in Part 9, Article 20 of the Federal Law of 21 November 2011, No. 323-FZ "On the Fundamentals of the Protection of Citizen's Health in the Russian Federation".

Information about my health which may be disclosed to persons selected by me in accordance with paragraph 5 of part 3 of article 19 of the Federal Law of 21 November 2011, No. 323-FZ "On the Fundamentals of the Protection of Citizen's Health in the Russian Federation":

(Full Name of Selected Person, Contact Number. If unavailable, use a dash)

(Signature)

(Name of health care provider)

Date of completion _____

✓ _____
(Signature) (Full name)

Participant ID _____

Consent to the Processing of Personal Data

I, _____
(Full Name, Date of Birth, Document (Passport), Series, Number, Issuing Authority, Date of Issue)
acting as the legal representative of a minor

(Full Name of a minor, in the case of guardianship, specify the details of the document on the basis of which the guardianship or custody is carried out)

who is related to me as a _____, **registered at the address:**

In accordance with requirements of the Federal Law of 27 July 2006 No. 152-FZ "On Personal Data" in order to provide the named minor with medical services and transferring results of these services to the Roscongress Foundation (INN 7706412930) for arrangement of admission of the named minor to participate in an international event, I hereby confirm my consent to the processing of my personal data by the Federal Budgetary Institution of Healthcare "Federal Hygienic and Epidemiological Center" of the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (INN 7726008570, address: 19A, Varshavskoye Shosse, Moscow, 117105) (hereinafter referred to as the Operator).

This includes surname, first name, patronymic, date of birth, gender, residence address (including registration information), phone number, identity document details (series, number, date of issue, name and code of the issuing authority), information regarding provided medical care, and health status data, including medical history containing private health information, ID of international event attendee.

I hereby authorize the Operator to perform all actions (operations) or a set of actions (operations) in processing personal data of the named minor, whether automated or manual, including collection, recording, systematization, accumulation, storage, clarification (update, change), extraction, use, transmission (provision, access), depersonalization, blocking, deletion, destruction of personal data.

The Operator has the right to process personal data of the named minor by entering them into information repositories (electronic databases, lists, registers).

For these purposes, I give my consent to transfer the following personal data of the named minor, which are information on results of medical service provided including private health information and ID of international event attendee, to the Roscongress Foundation (INN 7706412930) with its registered address of actual location at Room 1101, Entrance 7, House 12, Krasnopresnenskaya nab., Moscow, 123610.

Personal data of the named minor may be processed and transferred or otherwise disclosed to other persons only with my separate written consent.

I reserve the right to withdraw my consent in writing, which may be sent to the Operator by registered mail with acknowledgement of receipt or personally delivered and signed for by the Operator's representative.

This consent is valid until the moment when results of the medical services rendered processed and submitted to the Roscongress Foundation. Period for retaining personal data of the named minor in health records of the Operator is 50 years that complies with requirements of Russian Federation laws.

Date of completion _____

✓ _____
(Signature) (Full name)