

**INFORMED CONSENT AND  
INFORMATIONS ABOUT  
Privacy Regolament UE n.2016/679**

**The undersigned (for himself or as legal guardian of the patient), after reading the information received, consent pursuant to EU Regulation n.2016/679 and subsequent updates to the processing of sensitive personal and clinical data for the purposes of the epidemiological study as has been amply explained to me by the medical staff. I consent to the publication in a scientific journal, anonymously and aggregately, of the data present in the medical record and / or collected during the period of hospitalization.**

**Patient data**

|      |                            |  |
|------|----------------------------|--|
| A_01 | Family name                |  |
| A_02 | Name                       |  |
| A_03 | Birth place                |  |
| A_04 | Date of birth (dd/mm/yyyy) |  |
| A_05 | Patient ID                 |  |

**Document of the patient or legal guardian**  
(specify who)

|      |                                    |  |
|------|------------------------------------|--|
| A_06 | Document (type)                    |  |
| A_07 | Document (number)                  |  |
| A_08 | Document (release date dd/mm/yyyy) |  |

**Any particulars of the legal guardian (if any)**

|       |             |  |
|-------|-------------|--|
| AA_01 | Family name |  |
| AA_02 | Name        |  |

|       |                            |  |
|-------|----------------------------|--|
| AA_03 | Birth place)               |  |
| AA_04 | Date of birth (dd/mm/yyyy) |  |
| AA_05 | Legal guardian ID          |  |

sign

Place

Date (dd/mm/yyyy)

SAVE FILE

SEND FILE