

FREE AND INFORMED CONSENT TERM (FICT) FOR HIGH COMPLEXITY
AND HIGH EXPECTATION EXAMS

By the present term, I _____,
bearer of the Passport number _____, declare for the due
purposes and effects of law that:

- 1) I authorize the collection of samples of biological material to perform the requested tests;
- 2) I am aware that these are highly complex exams and that the laboratory is technically prepared for this, however it is not exempt from the chances of the need to repeat the analysis, delay in the result, which may eventually lead to a result examination and/or require a new collection of material, if applicable. I understand that a report with an inconclusive result does not exempt me from paying the exam.
- 3) I am aware that in the event of a diagnosis of notifiable diseases, the laboratory has the obligation to disclose the result and my data to the responsible agency, be it municipal, state or federal.

I declare, by signing this consent form, that I had the opportunity to read its contents and clarify any doubts. I also declare that the responsibility for the interpretation of the results obtained is restricted to the physician selected by me, who accompanies me clinically.

I declare that I fully agree to the performance of the requested exam(s) and the use of their results for the composition of my clinical history. I agree that I have read and accepted the FREE AND INFORMED CONSENT TERM (FICT) FOR HIGH COMPLEXITY AND HIGH EXPECTATION EXAMINATIONS.

You are being asked to authorize the use of the collected sample and your health data from the questionnaire for future epidemiological and molecular studies. The laboratory guarantees and is committed to the secrecy and confidentiality of all information and data provided by you. Likewise, the treatment of the collected data will follow the determinations of the General Data Protection Law (LGPD – Law 13,709/18).

Whether you authorize it or not, you will not be harmed.

- () I authorize use in scientific research
() I DO NOT authorize use in scientific research.

Signature of patient OR guardian

Porto Alegre, _____ of _____ of 20_____.