

Participant ID \_\_\_\_\_

**Informed Consent for Medical Intervention**

I, \_\_\_\_\_

\_\_\_\_\_  
(Full Name, Date of Birth, Document ( Passport) Series, Number, Issuing Authority, Date of Issue)  
**the legal representative of the minor**

\_\_\_\_\_  
(Full Name of the Minor. In case of guardianship, specify details of the document on the basis of which guardianship or custody is exercised)

**assigned to me \_\_\_\_\_, registered at the address:**

\_\_\_\_\_  
give informed voluntary consent for the person for whom I am the legal representative to receive 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). The organizations providing biomaterial testing services are determined by location: for patients in Moscow and Murmansk by the Federal Centre for Hygiene and Epidemiology of the Federal Service for the Oversight of Consumer Protection and Welfare; for patients in St. Petersburg by the St. Petersburg and Leningrad Region Centre for Hygiene and Epidemiology. The organizations collecting biomaterials for laboratory testing (swab collection) are likewise determined by location: for patients in Moscow services are provided by MedLine; for patients in St. Petersburg services are provided by the St. Petersburg and Leningrad Region Centre for Hygiene and Epidemiology; for patients in Murmansk, it depends on the testing point: the Murmansk Region Centre for Specialized Medical Care (GOAUZ MOTsVMP); the Murmansk Region Centre for Hygiene and Epidemiology.

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 of 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 the health of the person I am legally representing 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.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of health care provider)

Date of completion \_\_\_\_\_2025

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Full name)

**Consent to the Processing of Personal Data**

I, \_\_\_\_\_

(Full Name, Date of Birth, Document ( Passport) Series, Number, Issuing Authority, Date of Issue)  
**the legal representative of the minor**

(Full Name of the Minor. In case of guardianship, specify details of the document on the basis of which guardianship or custody is exercised)

**assigned to me \_\_\_\_\_, registered at the address:**

I, being the legal representative of the minor, in accordance with Federal Law of 27 July 2006 No. 152-FZ "On Personal Data", in order to provide medical services to the specified minor, 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 the Oversight of Consumer Protection and Welfare (INN 7726008570, address: 19A, Varshavskoye Shosse, Moscow, 117105) (hereinafter referred to as the Operator). This includes surname, first name, patronymic, date and place of birth, gender, citizenship, residence address (including registration information), phone number, identity document details (series, number, date of issue, issuing authority), medical insurance policy details, individual insurance account number in the Pension Fund of Russia (SNILS), information regarding provided medical care, and health status data, including medical history, for the purpose of receiving medical services and ensuring compliance with the laws and regulations of the Russian Federation.

I hereby authorize the Operator to perform all actions (operations) or a set of actions (operations) in processing personal data, whether automated or manual, including collection, recording, systematization, accumulation, storage, clarification (update, change), extraction, use, transmission (dissemination, provision, access), depersonalization, blocking, deletion, destruction of personal data. The Operator has the right to process personal data by entering them into information repositories (electronic databases, lists, registers). The storage period of personal data corresponds to the storage period of medical records.

Name of entities responsible for processing personal data on behalf of the Operator by authorizing employees of the said legal entities to process personal data, if such processing is delegated to them: Roscongress Foundation (INN 7706412930), address: Room 1101, Entrance 7, 12, Krasnopresnenskaya Naberezhnaya, Moscow, 123610; St. Petersburg and Leningrad Region Centre for Hygiene and Epidemiology (INN 7816363890), address: 7, Volkovsky Proyezd, St. Petersburg, 192102.

Personal data may only be disclosed to other persons or otherwise disclosed with my 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 given by me and is valid for 1 (one) year, unless the consent is withdrawn in writing.

Date of completion \_\_\_\_\_ 2025

(Signature)

(Full name)