

REVOCATION OF INFORMED CONSENT

I, _____
with nationality _____, domiciled at _____
_____ and holder of DNI/ID card no.
_____, **in my own name and right**

* This box is to be filled in if the person from whom the biological sample is taken is of legal age and is not subject to support measures for the exercise of his or her legal capacity, including representation.

I, _____
with nationality _____, domiciled at _____
_____ and holder of DNI/ID card no.
_____, **in my own name and right; and**

I, _____
with nationality _____, domiciled at _____
_____ and holder of DNI/ID card no.
_____, **as legal representative** of the above, and guaranteeing under my responsibility that there is no conflict of interest between me and my principal

* This is the box to be filled in if the person from whom the biological sample is taken is a minor or is subject to support measures for the exercise of his/her legal capacity that include his/her representation, but it is possible for him/her to participate in the decision making process on the basis of the degree of sufficiency of his/her will, in this case, or their maturity, in the case of a minor (which will be presumed in any case if they are over 12 years of age), taking into account that in both cases the represented party will also have to give their consent, together with that of their legal representative.

I, _____
with nationality _____, with domicile at _____
_____ and holder of ID card/identity card
no. _____, as legal representative of _____
_____, with nationality _____, with
domicile at _____ and holder of
ID card/identity card no. _____, and guaranteeing under my
responsibility that there is no conflict of interest between myself and the person I
represent.

* This is the box to be filled in if the person from whom the biological sample is taken is a minor or is subject to support measures for the exercise of his/her legal capacity that include his/her representation and, in addition, his/her participation in the decision making is not possible because the conditions described in the previous box are not met.

I declare my will to revoke the consent given, on the date of _____, for the provision of services by "THE DNA PROJECT, S.L.", so I withdraw my authorization to continue with the contracted test and/or report.

Date _____

Signature(s)

This revocation document should be sent to the following address:

"THE DNA PROJECT, S.L."
Paseo de la Castellana, n.º 95, planta 28
Madrid (C. P. 28046)-ESPAÑA