

.....  
(place, date)

**STATEMENT CONCERNING CONSENT TO PROCESSING PERSONAL DATA OF THE  
CHILD/PARENT/LEGAL GUARDIAN**

I/We, the undersigned ....., acting on my/our own behalf as well as the legal representative(s) of the minor ....., hereby I/we consent to the processing by POLTREG S.A. based in Gdańsk:

- personal data of a minor ..... including name and surname, PESEL number, date of birth, address of residence, gender, age, height, weight, as well as data belonging to special categories of personal data, i.e. biometric and genetic data, and health data provided to POLTREG S.A. or contained in the transmitted POLTREG S.A. documentation, including the child's medical records, that will or may be processed in order to be carried out by POLTREG S.A. pre-qualification of the child for therapy with regulatory T lymphocytes (TREGS lymphocyte treatment);
- my/our personal data including name and surname, mailing address, e-mail address, telephone number and other data provided by me/us to POLTREG S.A., which will or may be processed in order to identify the minor and obtaining information on his/her health, and what it is supposed to enable carried out by POLTREG S.A. initial qualification of the child for T lymphocyte therapy regulatory (treatment with TREGS lymphocyte preparation);

At the same time, I/we declare that I/we give my/our consent voluntarily and that I/we have been informed of my/us' right to access and access personal data correcting, as well as withdrawing consent to their processing at any time.

.....  
(legible signature of a person over 13)

.....  
(legible signature of Parents/Legal Guardians)

.....  
(legible signature of Parents/Legal Guardians)