

## 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 "24GENETICS, 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:**

"24GENETICS, S.L."

Paseo de la Castellana, n.º 95, planta 28  
Madrid (C. P. 28046)-ESPAÑA