

REVOCATION OF INFORMED CONSENT

I, _____, of
nationality _____, with domicile at _____
_____ and holder of ID card/identity
card no. _____, on my own behalf and in my own right

* This is the box 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, _____, of
nationality _____, domiciled at _____
_____ and holder of ID card/identity
card no. _____, on my own behalf and in my own right; and

I, _____, of
nationality _____, domiciled at _____
_____ and holder of ID card/identity
card no. _____, acting as legal representative of the above, and
guaranteeing under my responsibility that there is no conflict of interest between myself
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, _____,
of nationality _____, domiciled at _____
_____ and holder of identity card
_____, acting as legal representative of _____
_____, of nationality _____,
domiciled at _____
and holder of identity card _____, and guaranteeing under my
responsibility that there is no conflict of interest between myself and my represented
party

* 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 _____, in
order to receive services from "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, 28th floor
Madrid (C. P. 28046)-SPAIN