	REGISTRATION FORM	
	REGISTRATION NO.**:	Issue No: 1
		Valid from: 15/04/2023
		Page/s: 1/3

***To be filled in by the Contractor*

A. Details of the reporting person	B. Contact person
Name: ..... Address: ..... NIP: (Tax Identification Number):	First and last name: ..... Position: ..... Phone number: ..... E-mail: .....

C. Product Type*	
☐ Class I medical device ☐ Class II a medical device ☐ Class II b medical device ☐ Class III medical device ☐ Medical software	☐ Well-being product ☐ Drug (early phases I-II) ☐ Drug (phase III for trials) ☐ Other: ....

D. Product Description*

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E. Range of services*	F. Documents held by the manufacturer*
☐ Preparation and conduct of a clinical trial ☐ Preparation of documentation for a clinical trial ☐ Preparation and conduct of a medical experiment ☐ Preparation of documentation for a medical experiment ☐ Preparation of a clinical evaluation of the product in accordance with the MDR requirements	☐ Study Protocol ☐ Investigator Brochure (IB) ☐ Device specification / medicinal product dossier (IMPD) ☐ Instructions for Use (IFU) ☐ Summary of medicinal product characteristics (SmPC) ☐ Clinical Evaluation compliant with MDR ☐ Informed Consent Form (ICF) ☐ Case Report Form (CRF) ☐ Third Party Insurance ☐ Other: ....
G. Parameters of the planned trial (if applicable)*	**H. Time frame for the execution of the order**
☐ Planned duration of the trial: ..... ☐ Planned duration of treatment/observation: ..... ☐ Number of patients: ..... ☐ Number of centers: ..... ☐ Number of countries (which?):	

I. Additional questions - other support services

**Tick if applicable.*

***To be filled in by the Contractor*

INFORMATION CLAUSE

According to Art. 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation, hereinafter: „GDPR"), I inform you that the Administrator of your personal data is the company Jagiellońskie Centrum Innowacji sp. z o.o. (hereinafter: „JCI"), address: ul. Bobrzyńskiego 14 (postal code: 30-348 Kraków), entered into the KRS (Register of Entrepreneurs) of the National Court Register kept by the District Court for Kraków - Śródmieście in Kraków, 11th Commercial Division of the National Court Register, under the number KRS 0000212725, using the NIP number 676 226-66-85 and REGON number 356845374, with share capital of PLN 11.667.900,00.

The Administrator has appointed the Inspector of Personal Data Protection. Contact with the Administrator's Personal Data Inspector is possible via email, at the email address: iodo@jci.pl or in writing to the address of the Administrator's registered office. Your personal data will be processed in order to analyze the samples sent, and to make contact in order to properly conduct the trial.

The basis for the processing of your personal data is the performance of the contract or taking action (at your request) before concluding the contract, or the legitimate interest of JCI, i.e. archiving, protection of economic, legal or financial interests of JCI, as well as pursuing claims.

Your personal data will be processed no longer than it is required to achieve the above purposes or until the end of the claims expiry period, i.e. for a maximum of 5 years.

Providing personal data is voluntary, but necessary to conduct an analysis or trial. JCI may share your personal data with third parties (recipients) that provide hosting or legal services to JCI, as well as with public administration bodies. Your personal data will not be transferred to a third country/international organization.

You have the right to access your personal data, request its rectification or deletion if it is not contrary to the purpose for which it is processed (the „right to be forgotten"), request limitation of the processing of your personal data or its transfer, and the right to object to its processing. In addition, you have the right to lodge a complaint with the supervisory authority if it is found that the data is processed contrary to the GDPR.

You may withdraw your consent at any time by contacting JCI via the form or using contact details provided above.

.....	.....	.....
Date	*Full name of the authorized person*	*Signature of the authorized person*