|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request from | Company |  | Person in charge |  |
| Contact | Tel |  | E-mail |  |
| Patient’s name  (Given name,  family name) |  | | Gender |  |
| Date of birth |  | | Country |  |
| Medical Information | | | | |
| Diagnosis |  | | | |
| Previous medical history |  | | | |
| Current patient’s condition and complaints |  | | | |
| Patient’s medical records |  | | | |
| Patient’s questions |  | | | |

**Information on the Collection and Use of Personal Information**

• Purpose of Collection and Use of Personal Information With the consent of users, N.N. Blokhin National Medical Research Center of Oncology collects users’ personal information for the purpose of provision of services.

• Items of Personal Information Collected Name, Gender, Date of birth, Nationality, Language, Contact number, Email address, Any other contact number, Address, Symptoms & Medical Services Required, Available Dates & Comments.

• Term of Retaining and Use of Personal Information: 2 years.

• You have a right to disagree the collection and use of personal Information above.

If so, please Contact Us by +7 (499) 324-24-24 and let us know the details.

※ Please agree to the Information on the Collection and Use of Personal Information

- I agree