

## APPLICATION INQUIRY - PER ARTICLE 15, DSGVO

*Fields marked with an asterisk ( \* ) are required.  
Field marked 'About You ...' must have at least one item checked.*

### **Please send the completed application to:**

Email: [datenschutz@pathologieverbund.at](mailto:datenschutz@pathologieverbund.at)

By Post/Mail: Vinzenz Pathologieverbund GmbH, Herrenstraße 12, 4010 Linz, Austria

Subject: Datenschutz (Data Safety)

### **I am requesting information and in accordance with Article 15, DSGVO**

I am requesting information about data stored about me.

— Per my participatory disclosure obligation, I am disclosing contact points, timeframe or date(s) thereof.

Title:

**\* First Name:**

**\* Surname:**

**\* Street:**

**\* Postal Code:**

**\* City:**

**\* Country:**

Email Address:

Telephone:

Mobile Phone:

**\* About You:**

Patient

Employee

Client

Vendor

Other

**\* Insurance/Social Security Number:**

**\* Date of birth:**

**\* Point/Time of Contact with:**

Vinzenz Pathologieverbund GmbH

Date/Timeframe:

Please attach the following:

As proof of identity, I am enclosing a photo copy of an official photo identification document.

Date

Signature