**My contact data (affected person)**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Code/City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Germany [ ]  Austria *(please tick appl. box)*

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

**Phone no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(only applicable for Austria)*

|  |  |
| --- | --- |
| **What metabolic disorder do you hav?**[ ]  PKU (Phenylketonuria)[ ]  TYR (Tyrosinaemia)[ ]  MSUD (Maple Sirup Urine Disease)[ ]  Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please specify) | **Nutritionist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Clinic Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Place and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Nutritionist’s Signature** **and Stamp of Clinic:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Subscribing to Newsletter**

[ ]  On occasion I would like to receive up-to-date information from POA Pharma GmbH as relevant for my fields of interest.

**Sample Request**

[ ]  I would like to receive a free sample of PKU Easy Microtabs Plus and hereby give my consent that POA Pharma GmbH may discuss my metabolic disorder and relevant amino acid mixture with my doctor or nutrionist in charge. I agree that POA Pharma GmbH may contact me after having dispatched the sample.

**Consent to the Data Privacy Statement**

*The prerequisite for receiving the newsletter and/or receiving a free sample is your consent to the data privacy statement and to the storage and processing of personal data.*

[ ]  I confirm that I have read and accept the POA Data Privacy Statement. I consent to the storage and processing of my personal data by POA Pharma GmbH.\*

\*Whenever you change your mind about receiving our information material / about the storage and processing of your personal data, you can send an e-mail to info-de@poapharma.com. The e-mails we send to you all contain an unsubscribe link that you can use to unscubscribe from our marketing list.

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Place and Date Signature Patient *(if you are younger than 18 ys, please have
 a parent/legal guardian subscribe the form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name of Legal Guardian Signature Legal Guardian

In block letters