

## Data Subject Access Request Form

The General Data Protection Regulation (Regulation (EU) 2016/679) (**GDPR**) gives you the right to access your personal data held by Microbiology Specialists Incorporated, including the right to obtain confirmation that we process your personal data, receive certain information about what we do with such personal data, and obtain a copy of the personal data we hold about you. We need you to submit this request [in writing via post to 8911 Interchange Drive Houston, Texas 77054, [or] electronically via email to [msi@microbiologyspecialists.com](mailto:msi@microbiologyspecialists.com), after confirming your identity through a verification code sent to the email provided to Microbiology Specialists Incorporated.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity. If we are not able to respond to your request within such one month period, we will write to you within such one month period to let you know why we are not able to respond within the month. If this is the case, we will send you our substantive response within three months of your request.

In addition to exercising your access right, GDPR also grants you the right to:

- Request that your personal data is corrected or deleted.
- Restrict or object to certain types of data processing.

For more information on your rights under the GDPR, see please our Privacy Policy at <https://microbiologyspecialists.com/privacy-policy/>.

### 1. Requester Name (Data Subject) and Contact Information

Please provide your information in the space provided below. [If you are making this request on an employee's behalf, you should provide your name and contact information in Section III.]

We will only use the information you provide on this form to identify you and the personal data you are requesting access to, and to respond to your request.

Please complete as follows:

First and last name: \_\_\_\_\_

Any other names that you have been known by (including nicknames): \_\_\_\_\_

Home address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you are a current or former employee of Microbiology Specialists Incorporated, please provide us your employee identification number and your approximate dates of employment:

\_\_\_\_\_

Please provide other unique identifiers or related information to help us locate your personal data (for example, national insurance number):

\_\_\_\_\_

## 2. Proof of Data Subject's Identity

We will need proof of your identity before we can respond to your access request. To help us establish your identity, you must provide with this form identification that clearly shows your name, date of birth, and current address. We accept a photocopy or a scanned image of one of the following as proof of identity: [passport or photo identification such as a driver's license, national insurance number card, or birth or adoption certificate. If you have changed your name, please provide the relevant documents that show how your name has been changed e.g. marriage certificate.

If you do not have any of these forms of identification available, please contact Pam Terry at 713-663-6888 or [msi@microbiologyspecialists.com](mailto:msi@microbiologyspecialists.com) for advice on other acceptable forms of identification.

We may request additional information from you to help confirm your identity and your right to access, and to provide you with the personal data we hold about you. We reserve the right to refuse to act on your request if we are unable to identify you.

## 3. Requests Made on a Data Subject's Behalf

Please complete this section of the form with your name and contact details if you are acting on an employee's behalf.

First and last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

We will need proof of your identity and your legal authority to act on behalf of the employee before we can respond to your access request. We accept a photocopy or a scanned image of one of the following as proof of your identity: [passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate]. If you do not have any of these forms of identification available, please contact Pam Terry at 713-663-6888 or [msi@microbiologyspecialists.com](mailto:msi@microbiologyspecialists.com) for advice on other acceptable forms of identification. We may request additional information from you to help confirm your identity if necessary.

We accept a copy of the following as proof of your legal authority to act on the employee's behalf: [a written consent signed by the employee (the data subject), a certified copy of a Power of Attorney, or evidence of parental responsibility.]

Please state below the evidence you are enclosing with this form to (a) verify your identity and (b) prove your legal authority to act on behalf of the above named employee:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

## 4. Information Requested

To help us process your request quickly and efficiently, please provide as much detail as possible about the personal data you would like to have access to. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal data.

For example, you may specify that you are seeking:

- Employment records or personnel records.
- Personal data held by certain departments (please name the department).
- Medical records.
- E-mail or other electronic communications (specify the approximate dates and times).
- Billing information.
- Photographs.
- Video footage.
- User activity logs.
- Transaction histories
- Correspondence (please provide the dates between which you are requesting the data).]

Please enter the details of the information requested here:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your access request as soon as we have verified your identity and have all of the information, we need to locate your personal data.

In response to your request, we will provide you with the information required by the GDPR, including information on:

- The purposes of processing.
- The types of personal data processed.
- Recipients or categories of recipients who receive personal data from us.
- How long we store the personal data, or the criteria we use to determine retention periods.
- Information on the personal data's source if we do not collect it directly from you.
- Whether we use automated decision-making, including profiling, the auto-decision logic used, and the consequences of this processing.
- Your right to:
  - request correction or deletion of your personal data;
  - restrict or object to certain types of processing with respect to your personal data; and
  - make a complaint with the local data protection authority.

If the information you request reveals personal data about a third party, we will either seek that individual's consent before responding to your request, or we will take out such third parties' personal data before responding. If we are unable to provide you with access to your personal data for certain reasons such as disclosure adversely affecting the rights and freedoms of third parties, we will notify you of this decision.

Applicable law may allow or require us to refuse to provide you with access to some or all of the personal data that we hold about you, or we may have destroyed, erased, or made your personal data anonymous in accordance with our record retention obligations and practices. If we cannot provide you with access to your personal data, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

## 5. Signature and Acknowledgement

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) Microbiology Specialists Incorporated must confirm proof of identity and may need to contact me again for further information; (2) my request will not be valid Microbiology Specialists Incorporated receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, Microbiology Specialists Incorporated may charge a reasonable fee based on administrative costs.

If you would like to receive a copy of the personal data you are requesting access to, please indicate below whether you would like a hard copy or an electronic copy:

Hard copy.

Electronic copy.

PLEASE SEND THIS FORM TOGETHER WITH THE NECESSARY PROOF OF IDENTITY TO **msi@microbiologyspecialists.com** OR 8911 Interchange Drive Houston, Texas 77054 FOR THE ATTENTION OF Pam Terry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. Authorised Person Signature**

I, \_\_\_\_\_, confirm that I am authorised to act on behalf of the data subject. I understand that Microbiology Specialists Incorporated must confirm my identity and my legal authority to act on the data subject's behalf, and may need to request additional verifying information.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date