

Addressed to  
BIOTECK S.p.A.  
Via E. Fermi 49  
36057 Arcugnano (VI) - Italy

**Object: clinical case submission for processing and dissemination.**

I, the undersigned Dr. ...., FISCAL CODE....., VAT number  
.....

Born in ..... working in the Clinic/Hospital (address):  
.....

I submit to your company free of charge the documentation and information indicated in the attached form relating to one or more clinical cases performed with the materials produced by you, for your evaluation and possible use for scientific purposes or of disclosure.

I declare that I made all that was necessary *ex lege* in order to maintain the privacy of the patient and to have maintained the same anonymity to the data provided by this form and its attachments.

I declare to not attribute any responsibility to Bioteck S.p.A. in case the documentation provided will be not accepted for publication and or for other kind of communications.

I authorize Bioteck S.p.A. to use the clinical documentation and the images provided by this form and its attachments, both for scientific and for educational purposes, always in respect of the patient privacy with the only one condition of indicating always my name as the author of the data.

I also declare that I will not ask anything to Bioteck S.p.A. in return for the data provided with the only exception of the clear indication of myself as the author of the data provided.

I also declare that I have read the information of the data processing manager Bioteck spa, in accordance with current legislation on the collection, storage and use of personal data provided by the undersigned.

As of now, I authorize Bioteck to publish my professional profile with my photo - agreed between the parties - that I will provide, on the website [www.bioteckacademy.com](http://www.bioteckacademy.com) and in any communication materials relating to Bioteck Academy, always in relation to clinical cases I have provided. I prohibit its use in contexts that prejudice my personal dignity and professional decorum.

I confirm that I have nothing to claim by reason of the above and to irrevocably renounce any right, action or claim deriving from the current clinical cases.

Date....., in .....

\_\_\_\_\_(Signature)