

# Crystal Health Group

## RIGHT TO ERASURE REQUEST / SAMPLE DESTRUCTION FORM

You are entitled to request us to erase any personal data we hold about you under EU General Data Protection Regulation (GDPR). This also includes any biological samples that have been retained as part of the testing service you have provided explicit consent for. For example, this includes any 'B' samples that have been collected and retained as part of our standard procedure for testing.

We will do our best to respond promptly and in any event within one month of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request, whichever happens to be later.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting that we erase and responding to your request. You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request quickly.

The information requested below will help Crystal Health Group (a) satisfy itself as to your identity and (b) find any data held about you. Please complete in BLOCK capital letters and BLACK ink.

### Section 1 – Details of the person requesting information

Case Reference			
Title (Mr, Mrs etc)		Date of Birth	
Surname/Family Name		Sex (Male/Female)	
First Names			
Telephone Number			
Email address			
Home Address			
Post Code			

### Section 2 – Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

- YES: I am the data subject. I enclose proof of my identity (see below). (Please go to Section 4)
- NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below). (Please go to Section 3)

To ensure we are erasing data of the right person we require you to provide us with proof of your identity and of your address.

To help establish your identity, you **must** submit a copy of one document from each of the following categories with your application:

(a) Confirmation of name:  
 - Driving licence\*, passport, birth certificate.

(b) Confirmation of name and address:  
 - Driving licence\*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address).

\*not provisional

<b>I am providing the following types of identification:</b>			
<b>(a)</b>		<b>(b)</b>	

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

**Section 3 – Details of the data subject (if different from section 1)**

Case Reference			
Title (Mr, Mrs etc)		Date of Birth	
Surname/Family Name		Sex (Male/Female)	
First Names			
Telephone Number			
Email address			
Home Address			
Post Code			

**Section 4 – Reason for erasure request**

Given the sensitive nature of erasing personal data, GDPR Article 17(1) requires certain conditions to be met before a request may be considered. Please supply us with the reason you wish your data to be erased and please attach any justifying documents to this one.

Please tick the appropriate box:

- You feel your personal data is no longer necessary for the purposes for which we originally collected it.
- You no longer consent to our processing of your personal data.

- You object to our processing of your personal data as is your right under Article 21 of the GDPR.
- You feel your personal data has been unlawfully processed.
- You feel we are subject to a legal obligation of the EU or Member State that requires the erasure of your personal data.
- You are a child, you represent a child, or you were a child at the time of the data processing, and you feel your personal data was used to offer you information society services.

## Section 5 – What information do you wish to erase?

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information. **This includes any biological samples that we have retained as part of the testing process, for instance ‘B’ samples.**

Please note that. In certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in the area of public health, act against the public interest in the area of scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, we may not be able to erase the information you requested in accordance with article 17(3) of the GDPR. In such cases you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to erase the personal data you request, we nevertheless reserve the right, in accordance with Article 12(5) of the GDPR, to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive.” However, we will make every effort to provide you with the erasure of your personal data if suitable.


## Section 6 – Declaration

Please note that any attempt to mislead may result in prosecution.

<p><b>I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to Crystal Health Group Limited is true. I understand that it is necessary for Crystal Health Group Limited to confirm my/the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.</b></p>			
*Signature		Date	
<p><b>Warning – attempting to obtain personal data to which you are not entitled may be an offence under the General Data Protection Regulation.</b></p>			

## **Documents which must accompany this application:**

**Evidence of your identity (see section 2)**

**Evidence of the data subject's identity (if different from above)**

**Authorisation from the data subject to act on their behalf (if applicable)**

**Justification for erasure of data (see section 4)**

## **Submission**

When you have completed the form, please send it together with your proof of identity to:

**Crystal Health Group  
FAO Quality and Compliance Team  
The Old Chapel  
53 Peel Street  
Eccles  
GREATER MANCHESTER  
M30 0NG**

**Or**

**Email: [info@crystal-health.co.uk](mailto:info@crystal-health.co.uk)**

Forms that are incomplete will be returned; forms that are complete but for which suitable identification will be put on hold until you send us the missing items.

## **The following times-scales will apply for your application:**

- Confirmation of receipt - within 2 working days of receiving your application.
- Review of your application by our Data Protection Officer (DPO) – up to 5 working days.
- You will receive a notification of the decision from our DPO regarding your application.
- If your application is accepted, we will confirm erasure of your data / destruction of samples (if applicable) within 30 calendar days of your original request date.

**In the meantime, if you have any questions regarding your application, please call 0800 988 7107. Please ensure you have your case reference number when you call. We will also ask you several security questions before we talk to you about your application.**