|  |  |  |
| --- | --- | --- |
| **Data Collection Consent Form**  **Version 4.0**  **31 Jan 2020** |  | |
| **BIOMETRIC PERFORMANCE EVALUATION AND TESTING** | |

|  |  |
| --- | --- |
| **Subject ID** |  |
| **Name** |  |
|  | BLOCK CAPITALS |
| **Gender** | □ Male □ Female |
| **Date of Birth** |  |
|  | DD-MMM-YYYY |
| Do you have any medical condition you feel we should be aware □ Yes □ No  Do you have a heart condition or a pacemaker □ Yes □ No | |
| *If yes, please provide brief details below:* | |
|  |  |
|  |  |
|  |  |

I understand that any information I provide will be linked to a pseudonymised ID number assigned to my name.

I understand that all data will be handled in accordance with the General Data Protection Regulation (GDPR) as in force and effect at the time of signature below.

By way of signature below, I consent to the following:

* recordings of my biometric data being collected and stored electronically by B-Secur
* use of my biometric data for the purposes of evaluating the performance of B-Secur’s biometric systems and to identify potential improvements to these systems
* use of my biometric data for the purposes of B-Secur’s customers and/or development partners evaluation of ECG analysis on the understanding that any of my biometric data used for this purpose is pseudonymised and I can in no way be personally identified by any such third party

**Subject Signature Date**

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

DD-MMM-YYYY