Subject Access Request Form

In accordance with ERT's data privacy and security governance program, ERT shall comply with individuals' written requests to obtain information about how one's personal data is being used and collected by ERT. Under applicable data privacy laws and regulations, you have the right to:

The right to be informed about how your personal data is being used and collected by ERT;
The right to access your personal data;
The right to rectify inaccuracies of your personal;
The right to erase (also known as the 'right to be forgotten'), subject to applicable data retention laws and regulations;
The right to restrict, or halt, processing/using information;
The right to data portability;
The right to object;
The right to an accounting of disclosures; and
Rights with respect to automated decision-making and profiling.

Please select which information you're inquiring about below. Select all that apply.

☐The right to be informed about how your personal data is being used and collected by ERT;
☐The right to access your personal data;
☐The right to rectify inaccuracies of your personal;
☐The right to erase (also known as the 'right to be forgotten'), subject to applicable data retention laws and regulations;
☐The right to restrict, or halt, processing/using information;
☐The right to data portability;
☐The right to object;
☐The right to an accounting of disclosures; and
☐Rights with respect to automated decision-making and profiling.

In order to process your inquiry, please provide your contact information below and the additional information listed below.

Your Contact Information:

Name (First and Last Name):	
Company Name (if applicable):	
Address:	
Country:	
Phone Number:	
Email Address:	

DISCLAIMER: ERT shall not be held responsible for any unauthorized access or loss of data, which is included in this form, or other documentation supplied to support the request, when sending through an unsecured channel, such as unencrypted email, over the Internet.

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Additional Information:

Type of Study (if applicable): • Clinical trial or mHealth program	
ERT Clinical System (if applicable): • e.g. Studyworks, EPX, or eCOA	
Therapeutic Area (if applicable), e.g. Cardiac, Respiratory, etc.	
Study Identifier (if applicable): • Study code, client name, country, site ID, Subject ID.	
Business Relationship to ERT: • Clinical Trial Subject/Patient, Employee, or Client or Vendor Personnel	
Date of Involvement: • When did the data collection take place, e.g. when was the clinical trial running or dates of employment	

This form, including any other information and data samples you wish to include, should be submitted to ERT at privacy@ert.com

ERT will respond to SARs within thirty (30) days of receipt, unless additional time is warranted due to the complexity of the request, at which point, the individual will be informed of the need for an extension.

Date submitting: (DD/MMM/YYYY)	

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