



iCapelli

l'app per la salute dei vostri capelli

TRICOLOGIC DIAGNOSTIC

Microscope exam of fall hair with wash (Modified Wash test WTM)

WTM is a screening exam which allows doctor to obtain some useful data for a better diagnosis, in particular it allows the differential diagnosis between androgenetic defluvio and telogen effluvium, in cases of frequent mixed forms, indicating the percentage incidence of each of them. It allows also to find out the presence of dystrophic anagen, of structural modifications of trunks, bulbs' size and aspect (telogen) etc...

A not correct gathering makes all data of exam's section 1 useless (distribution of examined hair according to their characteristics), and therefore allows only the structural study of a group of mature telogen (section 2)

INSTRUCTIONS FOT GATHERING:

Do the wash with hair "dirty from 3 days" (for example washing with gathering on Sunday if hair had been washed on Thursday), on which you did not apply gel, lotions, hair sprays, colorings....

- Before starting washing put on the sink base a small towel (for example a line none, not spongy), and fix it at the sink sides with tape. The towel color, to make gathering easier, must be in contrast with the hair one, for example dark blue or black if hair are blond or white, yellow or white with black hair.
- Then proceed with a strong hair wash. At the end gather all of them (included the small ones), wash them with water and put them inside the envelope being careful not to create bundles which will not allow their exam.

Inside the envelope please put: hair, sheet with personal data, payment copy and signed privacy and informed consent

Swift of Euro 150 (one hundred fifty Euros)
addressed to:

iCapelli - Aesthetic Medical SRL
BPER Banca
Iban IT24X 05387 0241 000 000 2510106

Send by post or directly deliver to: Aesthetic Medical – Studio Medico Dott.ssa Alessia Pini - Via Jacopo Nardi, 50 - 50132 Firenze

Envelopes which arrive without payment copy will be kept for 15 days. After that period, without payment they will be thrown away. The answer to the exam will be ready within 15 working days from acceptance day and will be sent through email to the specified address.



PARTICOLAR NEEDS:

- If hair are “crew cut” it is better to have them lengthened before gathering
- If hair are very long avoid to make bundles inside the envelope.
- If hair are sent in plastic bags, gauzes or anything different they will be thrown away.

PLEASE FILL OUT THE SHEET OF PERSONAL DATA IN ALL ITS PARTS.

2. Personal data for hair gathering

Microscope exam of fall hair with wash (Modified Wash test WTM)

Patient:

- Name: _____
- Surname: _____
- Place and Date of Birth: _____
- Sex: _____ Gathering date: _____
- Mail address to send the results: _____
- Physical address: _____
- _____
- Phone /Mobile Phone number: _____
- fiscal Code: _____

Note - particular questions:



3.SPECIAL LAW FOR PRIVACY (ITALIAN LAW)

DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA and SENDING INFORMATION MATERIAL

Declaration of consent to the processing of data, in particular of the so-called "sensitive data" to be signed by customers In accordance with Reg. (EU) 2016/679

First name _____ Surname _____

Date of birth _____ Place of birth _____

address _____ ()

City _____ N. _____ Nationality _____

Fiscal Code/VAT NUNBER _____ phone _____

I, the undersigned, declare that I have been informed of:

1. The methods and purposes of the treatment for which my data are destined at the medical offices of Dr Alessia Pini, or connected with the prevention, diagnosis and possible treatment and rehabilitation activities carried out by the doctor and his staff to protect health of the patient and for the related tax invoicing, the data will be processed both in paper and electronic format. I authorize the doctor and his assistants to provide the data requested to the Company Aesthetic Medical S.r.l and his collaborators in order to obtain the provision of the service and the related billing.

CONSENT ACQUISITION FORM - PURPOSE 1

I, the undersigned Pursuant to Reg. (EU) 2016/679, aware that the processing will concern in particular the aforementioned purposes and that it could concern "particular" data referred to in Art. 9, gives consent to the processing of data necessary for the purposes indicated in this statement.

Legible signature _____

2. I authorize the doctor and his assistants and collaborators also as Aesthetic Medical S.rl. to contact me by phone or send me, by ordinary mail or by e-mail, information regarding my state of health, notices of periodic checks to be carried out, newsletters or anything else necessary to safeguard my state of health and well-being

FORMULA FOR ACQUISITION OF CONSENT -
PURPOSE 2

I, the undersigned Pursuant to Reg. (EU) 2016/679, aware that the processing will concern in particular the aforementioned purposes and that it could concern "particular" data referred to in Art. 9, gives consent to the processing of data necessary for the purposes 2 indicated in this statement.

Legible signature _____



Privacy Policy for Patients
European Regulation 679/2016
(<http://www.garanteprivacy.it/regolazioneue>)

Dear Patient,

we wish to inform you that, pursuant to the "General Data Protection Regulation" 679/2016, hereinafter abbreviated to GDPR, the processing of your personal data will take place in compliance with the rights and principles of correctness, lawfulness and transparency enshrined in Art. 5 of the GDPR. Pursuant to Art. 13 of the GDPR, I inform you that, for the purpose of establishing a relationship with you, I will be able to acquire, directly or through third parties, in writing or verbally, both common data and sensitive data, as per Art. 9 of the GDPR, in this case "personal data suitable for revealing the state of health and sexual life". Furthermore, we inform you that:

Purpose of the processing 1

The acquisition of your personal data takes place for the specific purpose of providing the modified wash test services, microscopic examination of hair that has fallen out of washing. Due to the nature of the type of medical office and the treatments provided, you may be asked for particular data relating to your state of health (Article 9 of the GDPR). The firm will use your personal data only and exclusively for the performance of the aforementioned purposes. We consider it pleasing to you, however our legitimate interest, to keep you informed on topics and updates related to the type of visit or treatment you carried out at our office, through a simple sporadic communication via e-mail and / or paper, exceptionally by telephone. The acquisition of your personal data takes place for the specific purpose of providing diagnostic services, information, and any reservations and treatment in our office, assistance in the post-intervention evolution and in a support information service, and related billing. of the test. The provision of data and consent to the processing of Purpose 1 is optional, but your refusal will make it impossible to carry out the professional services required or to allow their possible continuation.

Purpose of the processing 2

In order to always give you a better service and keep you updated on the numerous news and opportunities in the sector, the firm intends to proceed, with your explicit consent, with a personalization of the service, expanding the original purposes of the processing, and therefore collecting other personal information, including through automatic systems on our website and social networks. The practice will communicate with patients by email, a newsletter or by direct telephone contact. The provision of data and consent to the processing of Purpose 2 is optional, your refusal will only make it impossible to carry out the activities of this second purpose without affecting the activities related to Purpose 1. Methods of processing your personal data for both of the aforementioned purposes: Your data may be processed in paper and digital form, using manual and IT tools, for legal requirements and for the protection of your health and physical safety. In particular, the common data could be used for: appointment diary, correspondence, issuing of tax receipts / invoices, accounting management, sensitive data for the preparation of technical reports on the requested services and for diagnosis and treatment activities. The data will be processed through the use of tools and organizational measures suitable to ensure their protection, according to the GDPR. The Medical Office uses technical procedures and a digital platform suitable to guarantee the required levels of security and confidentiality. Your data will not be transferred to countries that do not comply with the GDPR, nor made accessible to other recipients. Your data may be consulted by medical colleagues and healthcare professionals, for possible advice, for the prescription of drugs or laboratory investigations. For management and administrative purposes, your data may be used by secretarial staff and external collaborators selected by the Firm and previously instructed on the processing of personal data. Your data will be kept for the entire duration of your relationship



with the Doctor's Office and subsequently, for administrative and legal obligations, for a maximum duration of 10 years. Rights of the interested party - Reg. (EU) 2016/679

Art. 15 Right of access of the interested party: the right to obtain from the data controller confirmation that the processing of personal data concerning him is in progress, and possibly the origin of the data, the purposes and purposes of the processing, the subjects to whom the data are communicated, the data retention period;

Art. 16 Right of rectification: right to obtain rectification of personal data;

Art. 17 Right to cancellation "right to be forgotten": the right to obtain from the data controller the cancellation of personal data concerning him;

Art. 18 Right to restriction of processing: the right to obtain limited processing of their data when the accuracy of personal data is contested, or the processing is unlawful;

Art. 19 Obligation to notify in case of rectification or cancellation of personal data or limitation of processing: right to obtain notification from the data controller in case of correction or cancellation of personal data or limitation of processing;

Art. 20 Right to data portability: right to receive the data from the data controller, in a structured format of common use and readable by an automatic device, or to transmit them to another data controller without any impediment;

Art. 21 Right of opposition: the right of the interested party to oppose the processing due to his particular situation;

Art. 22 Automated process relating to natural persons, including profiling: right to oppose a fully automated decision-making process relating to natural persons, including profiling.

Contact person and data controller:

Silvia Matesic, tel. 055.3860622 administration@aestheticmedical.it

The interested party can also lodge a complaint directly with the Guarantor: www.garanteprivacy.it

4. INFORMED CONSENT FOR MICROSCOPIC EXAMINATION OF HAIR LOSED BY WASHING

WTM - WASH TEST MODIFIED

Each person must be able to consciously make the decision to undergo a medical EXAMINATION, therefore he has the right to be informed about the procedures proposed by the doctor and the risks associated with them. This information is not given in order to frighten patients but is the means to make them better informed and fully aware of their choices.

For this purpose, I, the undersigned _____, agree to undergo the non-invasive examination: MICROSCOPIC EXAMINATION OF HAIR LOSED BY WASHING, according to the protocol as included in the information.

The test is a non-invasive, painless and uncomplicated trichological screening test.

Recently developed examination: microscopic examination of hair that has fallen out with washing (modified Wash test), this method requires the patient to wash the hair, following a standardized procedure, collect it and then deliver it in a paper bag or plastic, to the site where they will be analyzed. This examination allows, in part 1, to have, thanks to microscopic observation at low magnification, the subdivision of the hair into 6 categories: anagen, dystrophic anagen, catagen, "mature" telogen, "premature" and unclassifiable telogen, providing for the doctor an orientation on the causes of fall (for example, in the case of telogen effluvium due to stress or post-pregnancy there will be almost exclusively "mature" telogen in a very high number and some catagen; in androgenetic alopecia the "premature" telogen will be quantitatively significant which, easily, reach and exceed 20-25%; in alopecia areata there will be



variable percentages of dystrophic or more rarely dysplastic anagen, that is with thinned bulb and without sheaths and, finally, in the defluvium from physical-chemical damage of unclassifiable hair);

It also allows you to evaluate, in part 2 of the examination, the structural characteristics of the hair: diameter of the stems and bulbs, state of conservation of the external cuticle, congenital or acquired structural anomalies, which may for example lead to a fall due to protein deficiencies and / or minerals (small bulbs, medium or suprabulbar narrowing, reduced diameter of the stems, etc.), or by physical-chemical damage caused by phoones, brushes, inadequate, permanent shampoos, discolorations (intermediate or distal tricoptilosis, knotty tricorressi, invaginated tricorressi, etc.) etc; in addition, the examination indicates the presence of any foreign materials to the hair shaft such as: fungal spores, scales, nits, peripilar sheaths etc. Furthermore, with this examination the result of a medical treatment for hair loss can be objectively evaluated. An incorrectly carried out collection nullifies all the data reported in section 1 of the examination (distribution of the examined hair according to the characteristics) and can therefore only allow the structural study of a group of mature telogen (section 2) if the hair has been maintained in good condition.

INSTRUCTIONS FOR COLLECTION:

Carry out the Washing with collection on hair that has been "dirty for 3 days" (for example washing with collection on Sunday if the hair was washed on Thursday) in which gels, lotions, lacquers, dyes, etc., have not been applied. Before starting the wash, spread a cloth on the bottom of the sink (not spongy, for example a linen handkerchief) and fix it to the 4 corners of the sink with adhesive tape or plaster. The color of the towel, to facilitate collection, must contrast the prevailing hair color, for example dark blue or black if blonde or white hair, yellow or white if brown or black hair. Then proceed to an energetic washing of the hair, without combing it. At the end, collect them all (including the smaller ones), rinse them and place them inside a paper or plastic bag, taking care not to create any skeins that would make the examination impossible. Inside the envelope, put: the hair, the sheet with the personal data, a copy of the transfer and signed privacy and informed consent.

SPECIAL WARNINGS:

If the hair is a "brush" it is preferable to make it stretch before carrying out the collection. If the hair is very long, avoid making skeins inside the envelope. If the hair is sent in cotton or other gauze it will be trashed and disposed of.

I am aware of the fact that due to individual factors it is not possible to always obtain the same result in every individual. I undertake to scrupulously comply with the instructions for collection and shipment as soon as possible; I am aware that in the event of an error in the collection, altered time of sending and receiving the sample, the hair cannot be analyzed and will be disposed of. I am also aware of the fact that in the event of non-payment or sending a copy of the bank transfer after 15 days from the arrival of the sample, the hair will remain in storage and will then be disposed of and it will no longer be possible to carry out the examination, nor to obtain a possible refund. The exam response will be ready in 15 working days from the date of acceptance and will be sent by e-mail, or by ordinary mail to the address specified in the patient's registry (Fill in the personal data sheet in all its parts).

I declare:

to issue my informed consent to Dr. Alessia Pini, and to the members of her staff, and with this declaration, to be valid as a full, free and unconditional manifestation of my will, I, the undersigned

_____, agree to undergo the test indicated above after:

- that, after receiving the aforementioned information, I had sufficient opportunity to rethink the information received and therefore to make my own decisions, as well as I had sufficient time to consent to the examination.
- to have read and fully understood what is stated regarding the test.

Compilare,
firmare e spedire
insieme ai capelli

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Finally, I declare that I release Dr. A. Pini and Aesthetic Medical srl from any responsibility regarding any failure to achieve the result. As for all clinical examinations, the results must be interpreted by the referring specialist for correct diagnosis and therapy.

Signature

Date.....

ADDRESS TO BE CUT OUT AND APPLIED TO THE ENVELOPE

with inside:

- 1.Hair closed in a paper or plastic bag**
- 2. Personal data**
- 3. Privacy signed**
- 4. Completed and signed informed consent.**

Spett : Aesthetic Medical srl
Studio Medico Dott.ssa Alessia Pini
Via Jacopo Nardi, 50 50132 Firenze - Italia