



Qualitätssicherung. Vom Landwirt bis zur Ladentheke.



Sample form data release – Order for authorization

Company data

Company name: _____

Address: _____

Postcode: _____ City: _____ Country: _____

First and last name of **legal representative:** _____

Location data (if different from company data)

Company name: _____

Address: _____

Postcode: _____ City: _____ Country: _____

Location number: _____

I instruct and authorize my coordinator

Coordinator name: _____

Address: _____

Postcode: _____ City: _____ Country: _____

to enable subsequent third party

Third party name: _____

Address: _____

Postcode: _____ City: _____ Country: _____



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for access to the following data stored for my company in the database of the QS scheme:

| | |
|---|---|
| <p><u>Salmonella monitoring (pigs)</u> <input type="checkbox"/></p> <p>Sample overview incl. sample results</p> <p>Status of salmonella monitoring (category)</p> <p>Analyses and statistics</p> | <p><u>Diagnostic data (pigs)</u></p> <p>Raw data (single animal) <input type="checkbox"/></p> <p>Aggregated data (by day) <input type="checkbox"/></p> <p>Animal health index <input type="checkbox"/></p> <p>Number of fattening pigs (TGI data) <input type="checkbox"/></p> |
| <p><u>Antibiotics monitoring</u></p> <p>Therapy index pigs <input type="checkbox"/></p> <p>Therapy index cattle <input type="checkbox"/></p> <p>Therapy index poultry <input type="checkbox"/></p> | |

(Please tick as appropriate)

The authorization allows the third party to access my data, to download my data and to store it in their own IT system.

I have reached an agreement with the third party that they are authorized to use the data released by me for the following purposes:

I can withdraw this declaration at any time without specifying reasons. In the case of withdrawal, my coordinator will immediately cancel the authorization of the third party to access my data in the database of the QS scheme.

(Place, date)

(Legal representative of the company)

We hereby accept the instructions associated with this declaration.

(Place, date)

(Coordinator)