

CONFLICT OF INTEREST REPORT FORM

To: The Laboratory Manager, Proteus Laboratories.

I agree to inform the Laboratory Management of any change in circumstances that may give rise to a relevant conflict of interest with respect to the laboratory services, as soon as is practicable.

Is there an existing or potential conflict of interest to disclose in relation to the laboratory?

Yes/No.....No.....

If yes, provide details of the existing/potential conflict of interest in the space provided.

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Declarant:

Name.....Mousiso.....

Position/Title.....Data Capturer.....

Date and Signature.....15/03/2021.....

**CONSENT FORM FOR ACCESSING PROTEUS LABORATORIES PREMISES,
DOCUMENTS AND RECORDS.**

Proteus Laboratories upholds clients' confidentiality through controlling access to its records and documents, on the basis that all persons who intend to access any of the Lab records and documents must consent on this form. All information accessed must be utilized for the intended purpose and not disclosed to any third part.

I Shusiso Mkholo (Name and Surname) from Proteus Lab (Name of Company)

Do request to have access to the Laboratory Premises, Documents or Records.

Purpose for requesting access to the laboratory premises, documents, or Records

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Date 15/03/2021

Signature [Signature] email address Smkholo2@gmail.com

Witnessed by Laboratory Manager/ designate.

Name of Lab personnel D. Shup Date and 15/03/2021

Signature G. D. Shup