



Data Subject Request Form¹

You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request more efficiently.

Request Date: _____

Requester Contact Information:

First Name	Last Name	
_____	_____	
Phone	Email	Country
_____	_____	_____
Street Address	City	State/Province
_____	_____	_____

Personal Data Request

I would like the following:

- Confirmation that you have my personal information
- Receive a copy of my personal information
- Update my personal information
- Unsubscribe from Blueprint Medicines' marketing activities
- Withdraw consent to use my personal information
- Delete my personal information
- Complain about use of my personal information

Data Subject Details

Same as Requester

First Name	Last Name	
_____	_____	
Phone	Email	Country
_____	_____	_____
Street Address	City	State/Province
_____	_____	_____

Relationship to Blueprint Medicines

- Job Applicant or Candidate
- Reference for a job applicant
- Former employee or former contingent staff
- Healthcare Professional

¹ Requests will receive a response within thirty (30) days of receipt by Blueprint Medicines. Additional time may be required based upon the complexity of the request, Blueprint Medicines will contact you if additional time is required to process your request. Verification of identity will be required. If the request is not submitted by the Data Subject or the parent of a minor Data Subject, this request should include confirmation that the requester has authority to act on behalf of the Data Subject (e.g., proof of guardianship, power of attorney).



- Healthcare Organization
- Vendor
- Patient/Caregiver
- Other Private Person

To what function or group at Blueprint Medicines was your Personal Information provided?

- Clinical
- Commercial (Sales and Marketing)
- Finance
- Human Resources
- Information Technology
- Legal
- Medical
- Research
- Other/Don't know

If you have asked to receive a copy of the requested data, how would you like to receive the data (if any is found to be in the possession of Blueprint Medicines)?

- Electronic copies
 - Access to secure site
 - Email specified above
- Paper copies
 - Post
 - Pick up at Blueprint Medicines Office

Declaration

By submitting this form to Blueprint Medicines, you:

- Confirm that you have read and understood the terms of this Data Subject Request Form and that the information provided is accurate and complete.
- Confirm that you are the Data Subject named or the authorized representative of the Data Subject named in this Data Subject Request Form.
- Agree to the processing of your personal information provided in this form for the identifying of the personal data about which you are making a request, and for responding to your request.

Signature: _____