

QUANTERIX CORPORATION
DATA SUBJECT ACCESS REQUEST FORM

You have the right to request information regarding personal data we may hold about you. This is known as a Data Subject Access Request ("DSAR"). If you wish to make a DSAR, please complete this form and return to us by post or email. The personal data required by this form is necessary to enable us to process your DSAR. The information you supply will only be used for the purposes of identifying the personal data you are requesting and for responding to your request, in accordance with the EU General Data Protection Regulation ('GDPR'). It may be shared with our legal and administrative teams in the United States for processing and preparing a response, and it will be stored securely until the relevant procedures are completed.

If sending by post, please use the following address:

Quanterix Corporation
900 Middlesex Turnpike,
Billerica, MA 01821
Attn: Data Privacy Department

If sending by Email, please use the following address: privacy@quanterix.com. Please write "Data Subject Access Request" or "DSAR" in the subject field of the email.

1. Data Subject's Full Name	2. Data Subject's Date of Birth
3. Data Subject's Current Address	
4. Data Subject's Telephone Number	
Home Telephone No:	Mobile Telephone No:
5. Details of data requested:	
<p>To help us search for the information you require, please let us know the data you require with as much detail as possible. If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.</p>	

6. Is the information going to be sent to the data subject or his/her representative?

To the data subject To the representative

If the data is sent to the representative, then sections 8 and 9 need to be filled out.

7. I confirm that I am the Data Subject.

Signature: _____

Print Name: _____

Date: _____

I enclose a copy of my ID and address proof documents (including a government issued ID document).

8. (To be filled out if the question 6 is answered with "To the representative") The Data Subject (whose data is being requested) must give written authorization for the information to be released to his/her authorized representative.

I hereby give my authorization for _____
(fill out the name of the authorized representative) to request access to my personal data.)

Signature of Data Subject: _____

Print name: _____

9. (To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.

Name of authorized representative and address where personal data is to be sent:

Signature: _____

Print Name: _____

Date: _____

We will attempt to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address: privacy@quanterix.com.