Medical Confidentiality and NDA Request Form

Secure scoping of confidential product, regulatory, quality and commercial discussions

Document code	OLYM-FRM-NDA-001	**Version / effective date**	3.0 / 1 August 2026
Classification	Controlled business form	**Document owner**	OLYMEDICA — OLYVENRA LTD
Language	English	**Status**	Publication-ready / controlled master

Purpose

Use this request to scope a proposed confidential discussion with OLYMEDICA before protected information is exchanged. This form is not an executed non-disclosure agreement and does not itself create confidentiality obligations. Do not disclose confidential, patient, personal, export-controlled or security-sensitive information until an authorised agreement and secure transfer route are confirmed.

Completion guidance

Complete every applicable field in the selected language. Use Not applicable only with a brief reason. Cite current document titles, numbers, issuers, expiry dates and secure-file references rather than embedding sensitive material. OLYMEDICA may verify information and request source evidence, certified translations or updated documents.

Privacy and secure document handling

Do not place patient-identifiable information, passwords, payment-card data, bank credentials, special-category personal data or controlled technical information in this form or ordinary email. Request an OLYMEDICA-approved secure channel before sending evidence. Submit only information you are authorised and legally permitted to disclose. Privacy information is available through the link below.

Read the OLYVENRA Privacy Notice

Medical-product safety boundary

This commercial form is not medical advice, product approval, an emergency route or an adverse-event reporting channel. Follow the legal manufacturer's instructions and applicable local requirements. Report an immediate safety risk or serious incident promptly to the manufacturer and relevant competent authority through the required channels; provide OLYMEDICA only with the case reference through an approved route and never patient-identifiable data in this form.

Organisation, contact and authority

Information requested	Response / evidence reference
Full legal name	
Company or registration number	
Country of incorporation or registration	
Registered office address	
Primary contact: full name	
Job title and department	
Business email and telephone	
Authority to submit information and bind the organisation	

Confidential discussion request

Information requested	Response / evidence reference
Proposed legal parties to the NDA	
Purpose of the confidential discussion	
Specific permitted use of confidential information	

Information requested	Response / evidence reference
Target country or market	
Project, tender or opportunity reference	
Expected discussion and decision timeline	
Existing NDA, confidentiality clause or data-room terms	

Confidential information scope

Information requested	Response / evidence reference
Summary and sensitivity of information to be exchanged	
Product designs, specifications, samples and technical files	
Regulatory, quality, clinical, vigilance or audit information	
Pricing, forecasts, margins, strategy or financial information	
Personal, patient, health or clinical-trial data involved	
Export-controlled, dual-use or security-sensitive information	
Third-party confidential information and disclosure authority	

Requested controls and terms

Information requested	Response / evidence reference
Requested unilateral or mutual NDA and template owner	
Requested confidentiality and survival periods	
Requested governing law, jurisdiction and dispute forum	
Authorised recipient personnel and need-to-know group	
Access for affiliates, advisers, laboratories or subcontractors	
Return, deletion and certified-destruction requirements	
Systems, data-room provider and transfer or storage countries	
Clean-team, no-copy, no-download or other special restrictions	

Declaration and authority

Declaration and authority	
I confirm that the information supplied is complete and accurate to the best of my knowledge, that I am authorised to submit it, and that the organisation will notify OLYMEDICA promptly of material changes. I understand that submission does not create approval, appointment, confidentiality, exclusivity or any obligation to transact.	
Information requested	**Response / evidence reference**
Authorised declarant: full name	
Position and organisation	
Basis of authority to submit this form	
Signature	
Date	