



Praxis Dr. med. Krieg
Mariahilfbergweg 7
92224 Amberg
Germany

Termination of storage agreement and discarding cryopreserved material

Patient's Name: Mrs _____

Date of birth: _____

Patient's Name: Mr _____

Date of birth: _____

Home Address: _____

City: _____

I/We wish to terminate my/our contract concerning storage of unfertilized/fertilized oocytes and/or embryos and/or human sperm and/or testicular tissue with the "Praxis Dr. med. Krieg, Mariahilfbergweg 7, 92224 Amberg, Germany". In addition, I/we want you to discard and destroy my/our cryopreserved material, which is cryogenically stored in the "Praxis Dr. Krieg"; in particular:

[Please choose (mark) all that apply and sign and date below your choice:]

- Fertilized oocytes (eggs) from an IVF/ICSI treatment (both have to sign)**
- Unfertilized oocytes (eggs) (just the female patient has to sign)**
- Sperm cells (from the male patient) (just the male patient has to sign)**
- TESE material (testicular tissue) (just the male patient has to sign)**
- Donor sperm cells (both have to sign)**

Patient's Signature (female) Date

Patient's Signature (male) Date

Erstellt von: Raffel	Freigegeben von: Dr. Krieg	Geändert durch:
Datum: 20.08.2015	Datum: 28.08.2015	Datum: