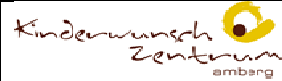


**7.0 Dokumentenverzeichnis**

M:\Interne Formulare\Kiwu\Spermiogramm\Entnahmebericht Samenzellen englisch\_Version 2.doc



**Sperm Retrieval Report**

Erhaltende Gewebeeinrichtung: Praxis Dr. Krieg, Emailfabrikstr. 15, 92224 Amberg

**To be completed by the patient:**

date: .....

Female partner:

Last name: .....first name .....date of birth .....

Patient:

Last name: ..... first name .....date of birth.....

Address of the patient: .....

Medication: .....

Period of sexual abstinence: ..... days

Place of collection: doctor's office  at home  time of day: .....

Loss: yes  no  nicotine: yes no

I agree that my wife/partner will be informed about the findings yes  no

**I confirm that this is my sample.**

Signature of the patient: .....

**Not to be completed by the patient. Medical staff only.**

Identität des Patienten per Lichtbildausweis kontrolliert durch: \_\_\_\_\_

- Spermogramm       IVF/ ICSI       24-Stunden-Spermogramm
- Insemination       Kryosperma

Freigabe (Name und Unterschrift): \_\_\_\_\_  
verantwortliche Person nach §8d TPG / §20b AMG

Erstellt von: Kopp	Freigegeben von: Dr. Krieg	Geändert: Schlamberger	Version 2
Datum: 03.02.2015	Datum: 04.07.19	Datum: 04.07.19	