

Application form for the outservice of cryopreserved material

Hereby I/we

Patient: _____ **date of birth:** _____

Partner: _____ **date of birth:** _____

Address: _____

request the outservice of our cryopreserved material, currently stored in:

the MVZ Kinderwunschzentrum
Dr. med. Jürgen Krieg
Emailfabrikstr. 15
92224 Amberg

to the following office (transport will be organized by this office):

name (new location): _____

address: _____

postal code/city/country: _____

It concerns the following cryopreserved material:

- Cryopreserved and stored oocytes (egg cells) in the pronuclear stage/embryos
- Cryopreserved and stored unfertilized oocytes (egg cells)
- Cryopreserved and stored sperm/testicular tissue

Signature/s

Date/Place

Patient

Partner