

Power of attorney for the organization and arrangement of the transport of cryopreserved material to the MVZ Kinderwunschzentrum via ‚GO! Express‘ courier service

Hereby I/we

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

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

Address: _____

authorize

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

to request mine/our cryopreserved material as well as to perform the organization and arrangement of the transport to the MVZ Kinderwunschzentrum with the courier service ‚GO! Express‘ from the following office:

name (storage 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

I/we agree, that the costs incurred (150€) will be invoiced.

Signature/s

Date/Place

Patient

Partner