

Interne Formulare

Datei: Q:\Interne Formulare\Kiwu\Mappen IVF_ICSI Englisch\Transport 3 Auslagerungsantrag englisch Version 2.docx



Application form for the outservice of cryopreserved material

hereby I/we

patient female: _____ **date of birth:** _____

partner male: _____ **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 female

patient male

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