

# 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 female:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_

**patient male:** \_\_\_\_\_ **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 (200€) will be invoiced.

signature/s

\_\_\_\_\_  
date/place

\_\_\_\_\_  
patient female

\_\_\_\_\_  
patient male

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