

Interne Formulare

Datei:Q:\Interne Formulare\Kiwu\Mappen IVF_ICSI Englisch\Kündigung
kryokonservierter Zellen englisch Version 3.docx



Kinderwunschzentrum



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Termination of storage agreement and discarding cryopreserved material

Patient's Name Mrs _____

date of birth _____

birth name _____

Patient's Name Mr _____

date of birth _____

birth name _____

Home adress and city: _____

I/we wish to terminate my/our contract concerning storage of unfertilized/fertilized oocytes and/or embryos and/or human sperm and/or testicular tissue with the „Praxis Dr. med. Jürgen Krieg, Kinderwunschzentrum, Emailfabrikstr. 15, 92224 Amberg, Germany“. In addition, I/we want you to discard and destroy my/our cryopreserved material, which is cryogenically stored in the Praxis Dr. Krieg, in particular:

Please choose (mark) all that apply and sign and date below your choice:

- Fertilized oocytes (eggs) from an IVF/ICSI treatment (both have to sign)
- Unfertilized oocytes (eggs) (just the female patient has to sign)
- Sperm cells (from the male patient) (just the male patient has to sign)
- TESE material (testicular tissue) (just the male patient has to sign)
- Donor sperm cells (both have to sign)

Date: _____

Patient signature female

Patient signature male

MVZ Gynäkologisches Zentrum Amberg-Sulzbach GmbH, (HRB 5715-AG Amberg, GF Dr. med. Jürgen Krieg),
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Erstellt von: Raffel	Freigegeben von: Maxa	Geändert durch: Kopp	Version 3
Datum: 20.08.15	Datum: 22.01.2025	Datum: 22.01.2025	