

To
MVZ Fertility Center Hamburg GmbH
z.Hd. Cryo Administrator
Speersort 4
20095 Hamburg

Request to discard PN stages/embryos/donor sperm
(please mark as applicable)

Surname, First name, Date of birth (please in print letters)

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We hereby cancel the contract concerning cryo-preservation and storage of 2PN stages/embryos/donor sperm and ask for termination of the existing cryo-storage, at the end of the contractual term.

Signature Wife / female partner

City, Date

Signature Husband /male partner