

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

**Request to discard cryo-preserved testicular biopsies/
cryo sperm/unfertilized oocytes**
(please mark as applicable)

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

I hereby cancel the contract concerning cryo-preservation and storage of testicular biopsies/cryo sperm/unfertilized oocytes and ask for termination of the existing cryo-storage, at the end of the contractually agreed half-year rental.

Signature

City, Date