

# Thawing sperm ova

## A. Authorization

I, the undersigned

Last name / First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street / nr \_\_\_\_\_ Phone \_\_\_\_\_

Postal code / City \_\_\_\_\_

1. hereby order Viollier AG to thaw my conserved reproductive cells within the context of a medically assisted fertility treatment.

2. request Viollier AG,

\_\_\_\_\_ **(Number) Straws** with sperm to be thawed

\_\_\_\_\_ **(Number) Ova** to be thawed

3. If one or more of the straws with sperm or ova cannot be used, I request that Viollier AG thaws other straws with reproductive cells.

Yes  No

4. acknowledge that the freezing, storage and thawing of the reproductive cells is performed using tried and tested scientific methods. Viollier AG provides no warranty that the reproductive cells will be viable and suitable for establishing a pregnancy after thawing.

Comment \_\_\_\_\_

Place, date \_\_\_\_\_ Signature \_\_\_\_\_

## B. Declaration of Acceptance by Viollier AG

Last name / First name \_\_\_\_\_ Comment \_\_\_\_\_

Place, date \_\_\_\_\_ Signature \_\_\_\_\_