

## FURTHER PROCESSING OF CRYO-CONSERVED SPERM

<b>Client</b>  Name: .....  Birth number: .....  Address: .....	<b>Identification</b>  ID: .....  PASSPORT: .....  Identified by: ..... <div style="text-align: center;">Stamp and signature (ARLETA, Czech Fertility Clinic)</div>  Date: ..... <div style="text-align: right;">(date of identification)</div>
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**1. NOTICE**

Dear Sir,

we would hereby like to notify you, that, on ....., your paid-up storage period for frozen sperm ends.

Please, select one of the options provided below (1. or 2.) by clearly checking the adjacent box. Please send the filled-in and signed form by post to the following address: ARLETA IVF, Komenského 702, 517 41 Kostelec nad Orlicí, Czech Republic.

<input type="checkbox"/> 1. I hereby request that my cryoconserved sperm continues to be kept in storage in the ARLETA Reproductive Health Center laboratory, as I remain interested in its potential future use. I am aware that the storage of sperm is subject to an annual fee of 65 EUR. The fee is payable in cash at our front desk, or by bank transfer into the following account: <div style="margin-left: 40px;">Number of bank account: 2190311203/0800 IBAN kod: CZ2408000000002190311203 SWIFT: GIBA CZ PX Name of the clinic: Arleta IVF, s.r.o. Name of the bank: Ceska sporitelna, a. s.</div>
<input type="checkbox"/> 2. I hereby request my sperm to be destroyed, as I am not interested in its future use. I am aware that my signature must be notarized. Or else this form must be signed in your personal presence at the ARLETA Reproductive Health Center front desk, where your signature will be verified against your identity documents by our staff.

**2. DECLARATION**

I hereby declare:

- to possess legal capacity, and that my legal capacity has not been limited.
- to have understood the information provided to me, to have had the opportunity to ask questions, and that such questions, if any, have been answered to my satisfaction.
- in case of further storage (option 1) I will promptly and in written form inform the company about any changes (address, phone number...).
- all information I supplied to be, to the best of my knowledge, complete and true.

In ..... on .....  
Client's signature