

FURTHER PROCESSING OF CRYO-CONSERVED EMBRYOS

Client female	Client male
Name:	Name:
Birth number:	Birth number:
Address:	Address:
Identification	Identification
ID:	ID:
PASSPORT:	PASSPORT:
Identified by:	Identified by:
Stamp and signature (ARLETA, Czech Fertility Clinic)	Stamp and signature (ARLETA, Czech Fertility Clinic)
Date:	Date:
(date of identification)	(date of identification)

1. NOTICE

Dear Madam and Sir,

we would hereby like to notify you, that, on, your paid-up storage period for frozen embryos 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. We hereby request that our cryoconserved embryos continue to be kept in storage in the ARLETA IVF, s.r.o. laboratory, as we remain interested in their potential future use. We are aware that the storage of embryos 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: Number of bank account: 1388134711/2700 IBAN kod: CZ58 2700 0000 0013 8813 4711 SWIFT: BACXCZPP Name of the clinic: Arleta IVF, s.r.o. Name of the bank: UniCredit Bank
<input type="checkbox"/> 2. We hereby request our embryos to be destroyed, as we are not interested in their future use. We are aware that both signatures must be notarized, or else this form must be signed in your personal presence at the ARLETA IVF, s.r.o. front desk, where your signatures will be verified against your identity documents by our staff.

2. DECLARATION

We hereby declare:

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

In Kostelec nad Orlicí on: Client's signature (female)
In Kostelec nad Orlicí on: Client's signature (male)