

Konsiliarteam

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Thawing of reproductive cells: Sperm Ova

A. Order

I, the undersigned,
Last name / First name _____

Date of birth _____

Address _____

Phone _____

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 of straws with sperm to be thawed

_____ Number of 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 _____

Date, place _____

Signature _____

B. Declaration of Acceptance by Viollier AG

Comment _____

Date, place _____

Signature _____