Universitätsklinikum Münster . 48129 Münster . [45402]

University Hospital of Münster
Centre of Reproductive Medicine and Andrology

Department of Clinical and Surgical Andrology

Professor Sabine Kliesch, M.D.
Chief Physician

Mailing address:
Albert-Schweitzer-Campus 1, Gebäude D11,
D-48149 Münster
Street address:
Domagkstr. 11, 48149 Münster
www.ukm-lageplan.de

T +49 251 83-56095
F +49 251 83-56093
Operator: T +49 251 83-55555

info-andrologie@ukmuenster.de
www.ukm.de

WHO Collaborating Centre for Research in Male Reproduction

Training Centre European Academy of Andrology

Declaration of consent for the termination of cryopreservation

Ms _____, born _____
Mr _____, born _____
resident _____
_____

I/we would like the following cryopreserved material to be destroyed:
(Please tick accordingly and insert number if applicable, for male samples male signature only required, for female samples female signature only required, for fertilised oocytes or embryos signature of BOTH partners required.)

□ cryo sperm	(_____)	□ unfertilised oocytes	(_____)
□ TESE samples	(_____)	□ fertilised oocytes	(_____)
□ MESA samples	(_____)	□ embryos	(_____)

□ other samples: _____

Place_____, date _____

Signature female patient _____

Signature male patient _____