

Further Processing of Cryo-Conserved Embryos

Client (female) Name: Personal ID: Address:	Client (male) Name: Personal ID: Address:
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Identification

ID:	ID:
Passport:	Passport:
Other:	Other:
Verified by:	Date:
ARLETA representative stamp and signature (ARLETA, Centrum reprodukčního zdraví)	(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.

1. We hereby request that our cryoconserved embryos continue to be kept in storage in the ARLETA Reproductive Health Center 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:	430464040297/0100
IBAN kod:	CZ6701000000430464040297
SWIFT:	KOMBCZPPXXX
Name of the clinic:	Arleta IVF, s.r.o.
Name of the bank:	Komerční banka
Address of the bank:	Palackého náměstí 22, Kostelec nad Orlicí 517 41

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 Reproductive Health Center front desk, where your signatures will be verified against your identity documents by our staff.

2. CONSENT

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 signature (female)
Client signature (male)