

## Termination of cryopresevation

Dear Sir or Madam

I/we hereby terminate the contract for my/our cryopreservation. Please confirm receipt of this letter and the termination of storage in writing and inform me/us about the next steps.

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<b>Personal details</b>	<b>Personal details (partner, if applicable)</b>
Surname:	Surname:
First name:	First name:
Date of birth:	Date of birth:
Street:	Street:
Town:	Town:
Telephone number:	Telephone number:
E-mail-address:	E-mail-address:

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**Termination date:**

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**Cryopreservation(s) to be terminated:**

*(Please tick the appropriate boxes.)*

Embryos and/or fertilised oocytes

All embryos and/or fertilised eggs *(including any embryos that have been genetically tested and found to be normal)*

Only embryos that have been genetically tested and found to be abnormal/affected

More detailed description:

*(according to the genetic report, if available)*

Eggs (oocytes)

Ovarian tissue

Sperm

TESE (sperm extracted directly from the testicles)

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*In the case of fertilised eggs and/or embryos, the signatures of both partners are required.*

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**Signatures:**

I/we hereby confirm the termination of the above-mentioned cryopreservation.

**Patient:**

**Patient:**

**Location:**

**Location:**

**Date:**

**Date:**

*If there has been a change of name, please either sign the termination letter with both names or enclose a copy of both your current and previous identity documents.*

Please send the termination form to [andrologie.labor@usz.ch](mailto:andrologie.labor@usz.ch)