



Delivery Statement

(All not dotted lines **must** be filled in)

ID-no. _____

Deposit number: _____

Donor number: _____

Name: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Name of spouse (ID-no.): _____

By my signature I confirm that the semen (own) or reserved semen (donor) deposited at Cryos International – Denmark ApS shall be delivered to:

Name: _____

Address: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Please indicate what to deliver from the Deposit (numbers of straws, ejaculate number, quality, etc.) If nothing is indicated, I hereby authorise Cryos to choose for me:

Please indicate shipping date (at least 2 weekdays before treatment): _____

Please select shipping method (pick up/dryice/nitrogen tank) _____

Any costs related to the handling and shipment according to this Delivery Statement must be paid by the customer. Shipping prices - see www.cryosinternational.com/dk).

Date: _____ Signature: _____

***** Copy of official photo ID must be attached (passport, driver license, etc.) *****

Control/date: _____
(to be filled out by Cryos)