



## Delivery Statement

Prior to delivery of a storage (own units) or a reservation (reserved donor units) the customer must fill in all lines and return the statement to Cryos.

Storage/reservation number: \_\_\_\_\_

Donor name or number (*applicable to reservations*): \_\_\_\_\_

Customer's name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Customer's date of birth (DD/MM/YYYY): \_\_\_\_\_

Name of partner and ID number (*applicable to storages*): \_\_\_\_\_

I hereby request that my storage/reservation of units at Cryos shall be delivered to the following approved tissue bank, fertility clinic, hospital department or authorised healthcare professional:

Name: \_\_\_\_\_

Att: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

- Number of units and quality to be delivered: \_\_\_\_\_  
(*If units and quality are not indicated, I hereby authorise Cryos to choose for me*)
- Requested shipping date: \_\_\_\_\_
- Requested shipping method
  - *applicable to reservations*  
*small or large dry ice/small or large nitrogen tank:* \_\_\_\_\_
  - *applicable to storages*  
*small or large nitrogen tank:* \_\_\_\_\_

With my signature I confirm that I request my units to be delivered on the conditions stated above and that I will pay any costs related to the delivery prior to the shipment of the units.

Date: \_\_\_\_\_ Customers' Signature: \_\_\_\_\_

**Copy of valid picture ID with signature must be attached (passport, driving license, etc.)**