



## 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: \_\_\_\_\_

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

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*

*Applicable to eggs: large nitrogen tank*

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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