



## Delivery Statement

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

ID number: \_\_\_\_\_ (only if own units)      Deposit number: \_\_\_\_\_

Donor number (only if reserved donor units): \_\_\_\_\_

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

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

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

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

Name of spouse (ID number): \_\_\_\_\_

By my signature I confirm that the units (own or reserved from Cryos donor) deposited at Cryos shall be delivered to:

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

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

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

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

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

Please indicate number of straws, quality, etc. to be delivered. If nothing is indicated, I hereby authorise Cryos to choose for me:

\_\_\_\_\_

Please indicate shipping date: \_\_\_\_\_

Please select shipping method (pick up/dry ice/nitrogen tank) \_\_\_\_\_

I will pay any costs related to the handling and shipment according to this Delivery Statement.

Shipping prices are available on our website.

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

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

Control/date: \_\_\_\_\_

(to be filled out by Cryos)