



DECLARATION OF RIGHT OF DISPOSITION

Declaration in relation to allogenic donation of gametes to a pre-specified beneficiary

The undersigned,

Depositor

Full name: _____

CPR-no.: _____

Address: _____

declares that the right to dispose of the sperm storage established by the Depositor is transferred to the Beneficiary in the event of the Depositor's death. Upon transfer, the Beneficiary assumes the rights and obligations of the Depositor. Depositor confirms, that Depositor has been informed, that legal parenthood may not necessarily be avoided even though the right of disposal of stored gametes has been transferred.

Beneficiary

Full name: _____

Date of birth; _____

Address; _____

E-mailaddress: _____

☐ The Beneficiary has read [Cryos' privacy policy for customers and patients](#), which describes how Cryos processes the Beneficiary's personal data.

The Depositor and the Beneficiary declare that they are aware that the deposited sperm has only been biologically tested for the purpose of assessing the risk of transmission of infection to others (cross-contamination) in the tissue centre's laboratory, cf. the Storage Agreement section 8.5.

The Depositor and the Beneficiary declare that they are aware that the deposited sperm can only be used for fertility treatment. The Beneficiary accepts that, according to the tissue legislation, Cryos can only hand over the Storage to an authorised tissue centre, a fertility clinic, a hospital department or an authorised healthcare professional.

Cryos cannot guarantee that an authorised tissue centre, a fertility clinic, a hospital department or an authorised healthcare professional will use the Storage for fertility treatment, why Cryos is not liable if treatment is refused, regardless of the reason for this, and Cryos disclaims any responsibility for any transmission of infectious diseases to the recipient of the Storage as well as any diseases or malformations in a child produced by the use of the Storage.

**Depositor**

Date:

Place:

Signature

Name:
(*in block letters*)

Beneficiary

Date:

Place:

Signature

Name:
(*in block letters*)