Cryos International ApS
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Declaration of consent for collecting personal information in order to investigate and determine the concerned suspicion of a disease

I hereby agree that my or my child's medical records concerning the disease mentioned below may be shared with Cryos' clinical geneticist.
Cryos would like to make sure that we only receive information that is necessary and relevant in order to investigate and determine the concerned suspicion of a disease related to your child under the age of 15 which may possibly be related to one of Cryos' gamete donors. Therefore, choose and fill in below:

Donor Number: _____ Diagnose relevant to the suspected disease: _____

☐ **health information concerning me and my pregnancy:**
Name:_____ Date of birth: _____
Date of last period: _____ Date of due: _____
CPR-number or social security number: _____

☐ **health information concerning my child:**
Name of child: _____ Date of birth: _____
CPR-number or social security number: _____

Hospital or clinic where you or your child was treated:
Department: _____ Name of Physician: _____
Telephone number: _____ E-mail address: _____
Address: _____

By signing this declaration of consent, I agree that, Cryos International ApS, Company registration no. 35 51 42 52, Vesterbro Torv 3, 5th floor, 8000 Aarhus C, Denmark (in this declaration of consent referred to as "Cryos") collects the personal information about me or my child under the age of 15 that may be necessary and relevant in order to investigate and determine a suspicion of a possible disease related to my child and/ or one of Cryos' gamete donors.
The information can be collected from relevant hospitals and/or other authorized health professionals, that has been involved in my or my child's treatment or diagnosing.
The information we collect based on your consent, will be stored and treated as highly sensitive and strictly confidential, and only by Cryos' clinical geneticist.
My consent can be withdrawn at any time by sending an email to gen@cryosinternational.com. I am aware that withdrawal of my consent does not affect the legality of Cryos' collection of my personal data based on the consent up until the point in time where the consent is withdrawn.

I have been made aware of how Cryos processes my personal data by reading Cryos' Privacy Policy.

Date: _____ Signature: _____
(If you fill in health information concerning your child, please add relation after your signature e.g. mother. By signing you confirm that you have the custody of your child).