

PLEASE NOTE that the original signed & dated **Specimen Destruction Authorisation form** and an authorised copy of your **Identity Document/Passport** must be received at our premises before it can be executed.

THE PURPOSE of this Authorisation is to document the Client's permission and authorisation for the permanent and irretrievable destruction of his/her stored specimens.

I, THE CLIENT want all specimens stored by **Androcryos**, destroyed. Destruction of the specimens means the specimens are thawed with no further action, which will result in their permanent and irretrievable destruction.

I assert that I have the authority to request the destruction of the specimens because I legally own the specimens. With full authority, I request that **Androcryos** destroys all the specimens currently in storage. I fully understand that my destruction request is irrevocable and final. The specimens will be permanently and forever destroyed.

This consent supersedes and takes precedence over any other disposition document signed by me, including consent to treatment documents prepared by the physician or clinic providing assisted reproduction medical services or storage facilities, including any **Storage Agreement** with **Androcryos** currently on file at **Androcryos**.

By signing this document and returning it to **Androcryos**, I authorise **Androcryos** to destroy all specimens presently in storage at **Androcryos**.

I hereby authorise **Androcryos** to destroy all straws/vials of my specimens presently in storage at **Androcryos**.

Full name

ID/Passport No Country

Address

.....
.....

Postal Code City

Telephone E-Mail

.....
Signature Date

www.androcryos.co.za

CC99/15553/23 Vat No 48250182097 Pr. 7550693

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