Confirmation for transfer of thawed fertilised eggs

Name woman: Name man:
National identity number: National identity number:

See previous assisted reproduction agreement

The confirmation must be signed by both parties, and must be submitted to the Unit for Assisted Reproduction in advance of the treatment. 1 week in advance at the latest. In the event of a change of name since the last treatment, a certificate must be enclosed with the form.

**Note! Fertilised eggs will not be thawed until this confirmation is received.**

We confirm that we are married/cohabitants and have received information about the treatment.
We hereby consent to thawed fertilised eggs being transferred to the woman.

……………………………
Place/date

……………………………
……………………………
Woman Man

**For the department:**

Attempt scheduled for week:…………

Signatures and dates checked against previous confirmations:

Sign…………………… Date:……………………