

Shipping Authorization Form - to be signed by the consignee of the distribution

Simple Assisted Insemination

This form must be completed and signed by a fertility clinic or a licensed healthcare professional in the customer's home country and returned to SellmerDiers before we are able to ship the sperm units.

I hereby declare that,

- I am a licensed healthcare professional/responsible person in a fertility clinic.
- I accept that the address of distribution and use is an address of my profession.
- I accept that by signing this form I declare that my assistance is performed under the responsibility of my license as a healthcare professional.
- I accept that I am responsible for complying with national legislation in my country.
- I am aware of and accept that SellmerDiers does not release identifying information about donors to the German Sperm Donor Registry.
- I will guide, support, and assist the recipient during the Simple Assisted Insemination process according to the Simple Assisted Insemination Guide provided by SellmerDiers.
- I will ensure that the donor sperm is used exclusively for treatment of the recipient specified below.
- I am aware that the donor has no legal parental responsibility in relation to the donor child/children resulting from the insemination, and that I will inform the recipient about this prior to the Simple Assisted Insemination.
- I assess that the recipient has the parental abilities to take care of a child. If not, I promise not to allow any use of the sperm on the recipient or others and agree to contact SellmerDiers immediately regarding the disposal of the sperm unit/units.
- My contact information is as specified below. I will inform SellmerDiers about any changes to the contact information.
- When/if the recipient becomes pregnant through treatment with the donor sperm, I will promptly inform SellmerDiers about the pregnancy and any miscarriage in the Pregnancy Report Form on www.SellmerDiers.dk or by e-mail to salg@sellmerdiers.dk
- If any adverse reactions in the recipient or the donor child should occur that could be related to the donor sperm, I will promptly inform SellmerDiers in the Adverse Reactions Report Form on www.SellmerDiers.dk or by e-mail to salg@sellmerdiers.dk

- If I receive any information about the donor sperm from SellmerDiers, for instance about adverse events, I will promptly notify the recipient. The recipient will inform me of any changes in her contact information (e-mail, telephone number), and I will keep a file of her up-to-date contact information (e-mail, telephone number).
- To secure traceability from donor to recipient and vice versa according to the EU Tissues and Cells Directive, I will file a copy of this document and keep it filed for 30 years.
- This declaration will apply for all Simple Assisted Inseminations made with donor sperm from SellmerDiers for 1 year from the date of my signature below.

FERTILITY CLINIC/HEALTHCARE PROFESSIONAL

Signature of responsible person in the Fertility Clinic/the Healthcare Professional:	
Date of signature:	
Name of the Fertility Clinic/Healthcare Professional:	
Title of the Healthcare Professional:	
Country:	
Telephone Number:	
E-mail:	

SHIPPING ADDRESS

Shipping Address – Street Name and Number:	
Shipping Address - City/Town:	
Postal Code:	
Country:	

RECIPIENT

Name of the Recipient:	
Birth Date/Year:	
Country:	
Telephone Number:	
E-mail:	