

**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 shipping address of distribution and use is the 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 and that SellmerDiers cannot be held responsible for my non-compliance in any way.
- 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](http://www.SellmerDiers.dk) or by e-mail to [salg@sellmerdiers.dk](mailto: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](http://www.SellmerDiers.dk) or by e-mail to [salg@sellmerdiers.dk](mailto: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**

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

**SHIPPING ADDRESS**

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

**RECIPIENT**

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