

## Permission for the destruction of frozen eggs

We/I hereby authorize the Fertility Clinic IVF-SYD to destroy our/my frozen eggs or embryos. According to Danish law, the Fertility Clinic IVF-SYD, is not allowed to destroy the frozen embryos if this authorization has not been signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name woman

\_\_\_\_\_  
Signature woman

\_\_\_\_\_  
Woman's birthdate/CPR if any

\_\_\_\_\_  
Name partner

\_\_\_\_\_  
Signature partner

\_\_\_\_\_  
Partners birthdate/CPR if any