



**Andrology Laboratory and Sperm bank**

CC 99/15553/23

A freezing and storage facility for biological material

**Schedule A**

**DECLARATION BY PATIENT**

I.....ID Number: .....

Declare that I am a

- Married person (\* Also complete Schedule B, C)
- Person in a relationship (\* Also complete Schedule B)
- Person in no relationship

I have agreed/decided to be inseminated using donor sperm. I know and accept full well the consequences of my actions. I am making this decision of my own free will and have not been placed under any form of duress (*pressure, force, threat, coercion*) by anyone.

- Copy of Identity Document attached (Patient)
- Copy of Identity Document attached (Spouse or Partner if Applicable)

.....  
Signature (Patient)

.....  
Date

.....  
Witness

.....  
Witness

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