

To the CHIREC MAR Centre
Rue Wayez, 35
1420 Braine-l'Alleud

Sir, Madam,

I, the undersigned, [surname, firstname] _____

Born on [date of birth] _____

And domiciled in [address] _____

hereby grant proxy to:

Mr/Mrs/Ms [surname, firstname] _____

Born on [date of birth] _____

And domiciled in [address] _____

In order to deliver my semen specimen to the Chirec MAR Centre on
[date of delivery] ____/____/____.

To serve as signature for the consent for a MAR treatment for:

- An IUI
- An IUI with donation
- An IVF
- An IVF with sperm donation
- An IVF with oocyte donation
- A transfer of frozen embryo
- An IVF with embryo donation

Done at _____, on ____ / ____ / ____

Signature

** This document must be accompanied by a copy of both parties' ID.*