**Order: Embryo or Sperm Cryopreservation**

|  |  |  |
| --- | --- | --- |
| **customer** | ext. Invoice No.: | ext. Invoice No. |
| customer ID | customer ID | **differing billing address** |
| company/institute | company/institute | company/institute |
| department | department | department |
| street, no. | street, no. | street, no. |
| ZIP, location | ZIP, location | ZIP, location |
| contact person | contact person | contact person |
| phone | phone | phone |
| e-mail | e-mail | e-mail |

|  |  |  |
| --- | --- | --- |
| type | **embryos** | **sperm** |
| quantity (embryos/straws) | ♀ female | ♂ male |

|  |  |  |
| --- | --- | --- |
| **line** | | |
| official notation of the line | official notation of the line | |
| short term\* | short term | |
| genetic background | genetic background | optional |
| genotype of donor animals | genotype of donor animals | |

\* The labelling of the cassettes or straws must be identical to the short term given here.

|  |  |  |  |
| --- | --- | --- | --- |
| storage at mfd Diagnostics | Yes | No | |
| delivery to |  | recipient | |
|  |  | contact person | |
|  |  | e-mail | phone |
| expected arrival at mfd |  | arrival | |

**Please note:**

**Donor animals are no longer available after completion of the order.**

**Required forms:**

GVO-document, load assessment, health certificate, marking scheme

|  |  |  |  |
| --- | --- | --- | --- |
| completed on | date | by | name, surname |

This form is processed digitally. A personal signature is therefore not necessary, it is sufficient to enter the full name.

By submitting the order, I confirm that I have read the AGB and the Privacy Policy of mfd Diagnostics GmbH and further that I am authorised by the customer indicated above to initiate orders with costs.

|  |  |
| --- | --- |
| **Wird von mfd ausgefüllt** | |
| Auftragsnummer | Auftragsnummer |
| Lagerort | Lagerort |
| Bemerkungen | Bemerkungen |
| Lieferdatum | Lieferdatum |
| Bearbeiter | Bearbeiter |