

Customer Consent Form

Customer

Name	
Address	
Telephone	
Email	

☐ I understand that AeroMedevac International Couriers operates under their terms and conditions.

☐ I confirm that I request the transfer of human tissue from:

Clinic Name	
Address	
Telephone	
Email	

To:

Clinic Name	
Address	
Telephone	
Email	

AeroMedevac courier services transfer human tissue for the purpose of medical fertility treatment.

Signed _____

Date _____