



AGREEMENT ZIKAVIRUS FOR OVUM AND SPERM DONORS

The undersigned hereby declares that in the past 6 months he/she did not

- stay in an area at risk of Zikavirus transmission *
- have a Zikavirus infection
- have unprotected sexual intercourse with a partner who has been in an area at risk of Zikavirus transmission *
- have unprotected sexual intercourse with a partner who was infected with Zikavirus

Name:

Date of birth: .../.../.....

Signature:

Date: .../.../.....

* Following link shows a list of all areas at risk of Zikavirus transmission:

http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx

Please sign this agreement and return it to Leuvens universitair fertiliteitscentrum, 'contractenadministratie', UZ Leuven, Herestraat 49, 3000 Leuven or contractenLUFC@uzleuven.be.