FORM A

Application for termination of pregnancy/fetal reduction

**I,**

|  |  |
| --- | --- |
| Name | Personal reg. no. (CPR) |
| Address | Home/private telephone number |
| Postal code/town | Work telephone number |
| Email address |

**hereby request a termination of pregnancy/fetal reduction.**

I have been instructed by the co-signed physician about the nature and direct consequences of the procedure and the risk that may be assumed to be associated with the procedure.

I have also been informed that by contacting the health Region, I will be able to obtain guidance on the available support options should I decide to complete the pregnancy and for support after the birth of the child. I have also been advised that I will be entitled to support interviews before and after the procedure.

Signature

Date

Location

**I confirm that I have received the above instructions.**

Physician’s signature and stamp

**Proof of the applicant's identity and place of residence**

Social security number certificate

Health insurance card showing the applicant's civil registration number (CPR)

This form must be sent to the hospital together with the admission form. If the referral is made electronically, the signed form must be retained by the referring physician, c.f. the provisions of Chapter 6 of the Danish Authorisations Act (autorisationsloven). If the applicant is under 18 years of age and has not entered into marriage, the holder of parental custody must also consent to the request. The holder of parental custody's consent should be presented on form B. In the event that the applicant is unable to understand the significance and implications of the procedure as a consequence of mental illness, impaired mental development or for any other reason, the application must be submitted by a specially designated guardian in accordance with Section 98(2) of the Danish Health Act. An application submitted by a specially appointed guardian must be presented on form C.

Sekretariatet for Abortankenævnet (Secretariat of the Danish Abortion Appeals Board)

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