



1. Name of clinic

2. Location

3. Your full name

4. Designation

5. How many years of practical experience do you have as a gynaecologist / IVF practitioner?

6. Do you have a fertility clinic?

If you answer no to question 6, please skip to question 10. If you answer yes, please complete questions 7 - 11.

7. Do you have a designated space in your facility for an in-vitro fertilisation (IVF) laboratory?

8. Type of partnership that you are interested in (please tick the appropriate box).

Transport IVF	<input type="checkbox"/>	Quality management and systems	<input type="checkbox"/>
Preimplantation genetic analysis (PGS + PGD)	<input type="checkbox"/>	Brand association	<input type="checkbox"/>
Cryopreservation	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

9. Average number of clients seen monthly with fertility-related issues

10. Are you interested in running a fertility clinic / service with us?

11. Kindly provide your full contact details

Street address	Mobile
Street address	Telephone
City	Email

www.thebridgeclinic.com

Customer Service Centre: 01 631 0092
Email us at partnership@thebridgeclinic.com

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