

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Position, if applicable]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the transfer of my embryonic material to [New Clinic/Hospital Name] as part of my ongoing IVF treatment.

My details are as follows:

- Patient ID: [Your Patient ID]
- Date of Birth: [Your Date of Birth]

I have completed [number] cycles of IVF treatment at [Current Clinic/Hospital Name] and would like to continue my journey at [New Clinic/Hospital Name] for [specific reasons, if applicable].

I kindly ask for your assistance in initiating the transfer process of my embryos, including any necessary paperwork and coordination between the two clinics. Please let me know if you require any additional information from my side.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]