



Center for Reproductive Medicine & Advanced Reproductive Technologies

DIRECTION FOR DISPOSITION OF FROZEN SPERM

Check the box that applies.

☐ **DISCARD**

I, the undersigned, having previously consented to cryopreservation and/or storage of sperm at the CRM Andrology Laboratory, now request that the surplus cryopreserved sperm be discarded.

I understand that by choosing to discard the sperm; no offspring will result. I freely, voluntarily, and willingly direct and authorize Advanced Reproductive Technologies and the Center for Reproductive Medicine, (collectively, ART/CRM) to discard all of the cryopreserved sperm and release ART/CRM and their board members, physicians, employees and representatives and all their agents from all claims of any nature arising from or related to the discarding of the sperm.

☐ **TRANSFER**

Transport the frozen sperm to the facility shown below. I understand that ART/CRM is not responsible for any damage to the frozen sperm that may occur during or after transport, and I release it from any liability for the same.

Name of facility _____

Address _____ City _____ State _____ Zip _____

Name (print) _____

Date of birth _____ Last 4 digits of SSN XXX-XX- _____ Phone # _____

Signature _____ Date _____

PLEASE SIGN IN OUR PRESENCE OR HAVE THIS DOCUMENT NOTARIZED

LABORATORY WITNESS (if applicable)

Name (print) _____ Pt ID _____

Signature _____ Date _____

Patient driver's license # _____ State _____

NOTARY ACKNOWLEDGMENT

On this ____ day of _____, 20____ before me, personally appeared _____, known to me to be the person described in and who executed the foregoing instrument, and severally acknowledged that they executed the same.

Notary Public (if not signed in our presence) _____

State of _____ (Notary stamp here)

County of _____

My commission expires _____