

REQUEST AND CONSENT FOR DISPOSAL OF FROZEN SPERM

I,

MR #:

DOB:

I am instructing Rocky Mountain Fertility Lab, (RMFL) that I no longer wish to continue storing my frozen sperm. I am asking that the following vials of sperm be thawed at room temperature until their demise. This process will render the sperm unusable for fertilization purposes and it will be discarded. We also give RMFL permission to use the sperm sample for training purposes before destruction.

FREEZE DATE	SOURCE	NUMBER OF VIALS

My signature indicates my consent to have my frozen sperm destroyed. I hereby release the RMFL its employees, agents and assigns from any and all claims and causes of action that result from actions taken in reliance upon this consent. I have been given the opportunity to ask questions concerning this consent form and those questions have been answered to my satisfaction. I understand that I have a right to counseling and legal advice regarding the terms of this consent form and any potential legal consequences. I have been given adequate time to review this form and consider my options.

Signature: _____
(Sperm depositor)

Date: _____

NOTARIZATION OR RMFC / RMFL WITNESS TO SIGNATURES

Notary's or RMFC/ RMFL Witness' Signature

Date

Office Use:

Transferred to training tank by:

Date:

Thaw Date: _____ # Vials Thawed: _____ Andrologist: _____