

Discard Frozen Sperm Consent Form

Date: _____

Male Patient's Name: _____

Date of Birth: _____

Phone Number: _____

We (the patient) are requesting the Fertility Center Lab to discard our frozen semen specimen(s) and to stop the billing cycle.

In order to properly document your wishes, please ***initial*** the appropriate choice as given below:

_____ Continue storage, at \$100 per quarter.

_____ Destroy.

Male Patient Signature: _____

Female Partner Signature: _____

The above signatures will be matched to your signatures contained in our files. It is your signatures that give consent regarding the final disposition of your frozen sperm specimens. **If your signatures do not match, we will require a second letter regarding your wishes to be notarized or witnessed by our staff.**

Please return this letter to the lab at **Michigan Reproductive & IVF Center, The Fertility Center 3230 Eagle Park Dr. NE, Grand Rapids, MI 49525**. We are unable to carry out your wishes without a written order verifying your final decision; **we require the original and not a copy of the form to carry out your wishes**. Unless otherwise instructed, we will continue to bill you for quarterly storage.

Please note that specimens will not be "resold", nor will any reimbursement be given. If you have any questions, please call me at (616) 988-2229 ext.113. Thank you very much for your cooperation.

*** Please note this letter is for frozen semen only and not frozen eggs/embryos.**

Sincerely,

The Fertility Center Lab