

Michigan Reproductive & IVF Center, PC
also known as
The Fertility Center

William Dodds, M.D., James Young, M.D., Valerie Shavell, M.D., and Richard Leach, M.D.

Agreement for Semen Cryopreservation Thaw

I, _____, husband/partner of _____,
print male partner name print female partner name

hereby give my consent to allow her to thaw _____ vial(s) of my frozen specimen
print number

for use in the attempt to conceive during the following month: _____, _____.
month year

This consent form is valid for the one (1) above attempt at conception.

Male partner signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Driver's License: _____

**A copy of the male partner's driver's license must be included and notarized.
or witnessed by staff.**

Notary/Staff Member: _____ Date: _____