

Fertility Storage, Inc
4700 13 Mile Road
Warren, MI 48092
586)576-0431 ~Fax 586)576-0924

RESPONSE REGARDING DISPOSITION OF CRYOPRESERVED SEMEN

Male Name: _____ DOB: _____

Female Name: _____ DOB: _____
(if applicable)

If Donor Sperm, Ordered From: _____ Donor #: _____

I choose to have my cryopreserved sample(s) that are stored at Fertility Storage, Inc. (FSI) thawed and disposed according to the CRH Andrology Laboratory policies and in a manner consistent with professional ethical standards and applicable laws.

This agreement is made on the _____ day of _____, 20____.

Male Printed Name

Male Signature

Date

Female Printed Name (if applicable)

Female Signature (if applicable)

Date

MCFW Witness

Date

OR

Signature of Notary Public

Date