

Disposition of Anonymous Donor Semen

Patient Name _____ DOB _____

Cryobank Name _____ Donor # _____

I choose to have my cryopreserved semen/testis tissue sample(s) stored at Fertility Storage, Inc (FSI) thawed and disposed of following laboratory policies and in a manner consistent with professional and ethical standards and applicable laws.

Patient Name _____

Patient Signature _____ Date _____

MCFW or Fertility Storage Inc Signature _____ Date _____

OR

Notary _____ Date _____