

Discard Frozen Donor Sperm Consent Form

Date: _____

Female Patient Name: _____

Date of Birth: _____

Donor Number: _____

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.

Female Partner signature: _____

Partner signature (if applicable): _____

The above signatures will be matched to your signatures contained in our files. Your signatures give consent regarding the final disposition of the semen specimen(s) being held in your name. **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 the lab at **Michigan Reproductive & IVF Center, 3230 EaglePark Dr. SE, Suite 100, G.R., 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. If you have any questions, please call me at (616) 988-2229 ext. 113. Thank you very much for your cooperation.

Please note that specimens will not be “resold”, nor will any reimbursement be given. 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