

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

William Dodds, MD, James Young, MD, Valerie Shavell, MD, Mili Thakur, MD

3230 Eagle Park Dr. NE, Suite 100
Grand Rapids, MI 49525
616-988-2229

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 only.

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. We require the original and not a copy of this form to follow out your wishes.

Notary/Staff Member: _____ Date: _____