



# ORM FERTILITY

## *Consent to Dispose Frozen Sperm Samples*

I choose not to continue storage for frozen sperm samples I have stored at the Reproductive Medicine Laboratory. I understand and agree that ALL vial(s) of my frozen semen and/or purchased donor sperm will be disposed of as the Reproductive Medicine Laboratory deems appropriate.

I understand that the disposal will occur within 24 hours of receipt of this signed agreement.



**\*NOTE: all information below is required. Failure to fill out all information may result in us not being able to dispose of your samples and you will continue to receive statements for storage.**

\_\_\_\_\_  
*Patient Signature (provider of semen or purchaser of sample)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name (\*required)*

\_\_\_\_\_  
*Date of Birth (\*required)*

\_\_\_\_\_  
*Contact Phone Number*

