



RENEWAL OF ANNUAL STORAGE FEES

DISPOSITION OF FROZEN STORED SPERM, EMBRYOS OR EGGS

(Ver 3/3/2017)

Partner #1 Name: _____ DOB: _____ Acct# _____ Date: _____

Partner #2 Name: _____ DOB: _____ Acct# _____ Date: _____

Address: _____

This letter serves as a notice of renewal for the annual fees due for the storage of your currently frozen sperm, embryos or eggs at Arizona Advanced Reproductive Laboratory, LLC (AARL).

Cryo Date(s): _____ # Sperm Vials _____ # Embryos _____ # Eggs _____

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If you wish to renew your annual storage of cryopreserved sperm, embryos, and/or eggs, please tear off Section I below, fill in ALL the required information, and mail back with your payment **within 30 days of receipt of this letter in order to avoid late fee charges of \$15.**

If you no longer wish to continue storage of your frozen sperm/embryos/eggs at this time, please turn over to Page 2, complete Section II or III with your desired choice and mail back entire form to address listed at bottom of this page.

-----Tear Here-----

SECTION I: Renewal of Annual Storage Contract (Complete Below and Mail)

Fee Due: \$ 450

I/We wish to have AARL maintain in storage all of my/our sperm, embryos and/or eggs listed above for another year and have enclosed payment of \$450 (\$465 if late fees apply).

Date: _____ Check Enclosed: Check # _____

Please charge my credit card \$ _____ \$450 _____ (\$15 late fee will be added if form returned after 30 days of receipt)

Card No: _____ Exp: _____ CVV: _____

Visa Mastercard Discover

Printed Name: _____ Signed: _____

**Mail Payment and Slip To: AARL
 9819 N. 95th Street, Suite 105
 Scottsdale, AZ 85258**



SECTION II: Donation of Embryos or Eggs (Please initial your choice and complete form)

Option 1: Donate your embryos/eggs to another patient struggling with infertility:

Patient _____ / Partner _____ I/We wish to donate my unused embryos to Advanced Fertility Care for the purpose of creating a pregnancy in another patient struggling with infertility. Please contact me at the phone number listed at the bottom of the page.

Option 2: Donate your embryos/eggs to an outside program:

Patient _____ / Partner _____ I/We wish to donate my embryos to another program of my choosing. By making this selection, **I/We agree that I will be solely responsible for making all the arrangements and payment of all required costs to have the embryos transferred out of AARL within 30 days of receipt of this notice, otherwise, I agree to pay the current annual storage fees due.**

Option 3: Donate your embryos/eggs to Arizona Advanced Reproductive Laboratory for scientific study (i.e. training laboratory personnel or to test laboratory quality assurance)

Patient _____ / Partner _____ I wish to donate my/our unused embryos to Advanced Fertility Care for the use in quality control and/or research purposes. These embryos will not be used in any procedure that may result in a pregnancy. I/We understand and agree that these embryos or eggs **WILL ULTIMATELY BE DISCARDED** with or without their use for research purposes.

SECTION III: Discard Embryos, Eggs, or Sperm (Please initial and complete info below)

Patient _____ / Partner _____ I wish to have all of my/our embryos/eggs discarded by thawing and disposal in a respectful manner.

If you no longer wish to maintain specimens in storage, please be sure to fill out the entire form including a current phone number so that we may confirm your request. **Signature verification will be performed prior to disposal of specimens, and if any discrepancy is noted, signature(s) will need to be witnessed by an AFC staff member, or notarized.** These criteria are to protect your interests. If you have any questions regarding the disposition of your frozen specimens, please contact our Laboratory Supervisor at 480-496-2325.

**** NOTE: Unless otherwise specified in the Specimen Storage Agreement, BOTH Partners (if applicable) must sign for disposal of embryos. ONLY the male sperm provider signature required if this Agreement applies only to his specimen and EITHER party may sign for disposal of anonymous donor sperm.**

Partner #1 Printed Name _____ Social Sec # _____

Partner #1 Signature _____

Partner #2 Printed Name _____ Social Sec # _____

Partner #2 Signature _____

Preferred Phone # _____

Preferred Email _____