



DISPOSITION OF FROZEN STORED SPERM, EMBRYOS OR EGGS

If you wish to renew your annual storage of cryopreserved sperm, embryos, and/or eggs, please make payment through the patient portal or contact the office with your payment information **within 30 days of receipt of this letter in order to avoid late fee charges of \$15.**

If you no longer wish to maintain specimens in storage, please complete and submit this entire form as soon as possible to avoid assessment of late fees. **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.

Disposition of Specimens (Please INITIAL your choices and complete form)

Option 1: DONATE EMBRYOS TO ANOTHER PERSON struggling with infertility: (Applies to Embryos ONLY)

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 EMBRYOS to an outside program: (Applies to Embryos ONLY)

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 to AARL for scientific study, training purposes, or internal quality testing

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

Check ALL that apply:
 Embryos Eggs Sperm

Option 4: DISCARD cryopreserved specimens

Patient _____ / Partner _____ I wish to have the biological specimens noted to left that are still currently in cryostorage discarded by thawing and disposal in a respectful manner.

Check ALL that apply:
 Embryos Eggs Sperm

**** 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.**

You MUST complete ALL information in order for the office to process your request.

Partner #1: Printed Name _____ Signature _____
 Date of Birth _____ Preferred Phone # _____ Email _____

Partner #2: Printed Name _____ Signature _____
 Date of Birth _____ Preferred Phone # _____ Email _____