



DISPOSITION OF FROZEN STORED SPERM, EMBRYOS, OR EGGS

If you no longer wish to maintain specimens in storage, please complete and submit this form as soon as possible to avoid assessment of late fees or collections. **If this consent is signed outside of the patient portal, it will be required to be 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 is required if this Agreement applies only to his specimen and EITHER party may sign for disposal of anonymous donor sperm. ONLY the female egg provider signature is required if this Agreement applies only to her specimen.**

Disposition of Specimens (Please **INITIAL ONLY ONE choice, and both parties **must be** in agreeance)**

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 for scientific study, training purposes, or internal quality testing: (*Applies to Embryos, Sperm, or Eggs*)

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: (*Applies to Embryos, Sperm or Eggs*)

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

Today's Date _____			
Patient Name _____		Signature _____	
Date of Birth _____	Phone # _____	Email _____	Driver License # _____
Partner Name _____		Signature _____	
Date of Birth _____	Phone # _____	Email _____	Driver License # _____

State of _____ County of _____
 This record was acknowledged before me on _____ (date)
 By _____ (name(s) of individual(s))
 Signature of Notary officer _____
 My commission expires: _____ Stamp: _____