

Semen Specimen Destruction Authorization

This signed, dated and notarized destruction authorization must be received by Cryobank to complete your request.

We recommend that you keep a copy of this completed form for your records and that when returning this form to use **USPS Certified Mail so you have a tracking number to track delivery of the document to its intended destination at Cryobank. Cryobank cannot be responsible if your form is not received in a timely manner.**

The purpose of this Authorization is to document permission and authorization for the permanent and irretrievable destruction of stored semen specimens

I, _____, want semen specimens stored by Fairfax Cryobank, Inc. (hereafter referred to as Cryobank) destroyed. Destruction of the semen specimens means the semen specimens are thawed with no further action, which will result in their permanent and irretrievable destruction.

I assert that I have the authority to destroy the semen specimens because:

Choose only one below:

- I produced the semen specimens and I want them destroyed.
My Account # _____
- I am the owner of the client depositor or directed donor semen and I want them destroyed.
My Account # _____
- I own the anonymous/ID donor semen specimens and want them destroyed.
Donor # _____

I fully understand that my destruction request is irrevocable and final the day the form is received at Cryobank. The semen specimens will be permanently and forever destroyed.

This agreement supersedes and takes precedence over any other disposition document signed by me, including agreement to treatment documents prepared by the physician or clinic providing assisted reproduction medical services or storage facilities, including any Storage Agreement with Cryobank currently on file with Cryobank.

By signing this document and returning it to Cryobank, I authorize Cryobank to destroy **all** vials of my semen specimens presently in storage at Cryobank.



AUSTIN, TX • FAIRFAX, VA • HOUSTON, TX • PASADENA, CA • PHILADELPHIA, PA • ROSEVILLE, MN • SAN FRANCISCO, CA

Change existing account information as indicated below

Name _____ Account Number _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Date of birth (mm/dd/yy) _____

E-mail Address _____

Signature: _____ Date _____

Parent/Guardian Name (for minor client depositors only) _____

Parent/ Guardian Signature (for minor client depositors only) _____ Date _____

Information below to be completed by Notary:

State of: _____

County of: _____

The foregoing instrument was acknowledged before me, this _____ day of _____, 2___ by

(Printed name of Client)

Notary Public Signature: _____

My Commission Expires:

Seal:

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Faxed copies are accepted if the notary seal is a stamp and not embossed seal.