



**Semen Specimen Destruction Authorization**

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

**WE RECOMMEND RETURNING THIS FORM VIA USPS CERTIFIED MAIL TO ENSURE THAT IT REACHES ITS INTENDED DESTINATION AT CRYOBANK**

I, \_\_\_\_\_, authorize the destruction of **all** vials of my semen specimens presently stored by Fairfax Cryobank, Inc. (hereafter referred to as Cryobank). 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 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.

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yy)

Parent/Guardian Name (for minor client depositors only) \_\_\_\_\_

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

The foregoing instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
(date) (printed name of Client)

Seal:

\_\_\_\_\_  
Signature of Notary

State of \_\_\_\_\_ County of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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