

NAME _____

Chart# _____/_____

Disposal of Cryopreserved Donor Sperm

I/We the undersigned hereby consent to the disposal of my/our cryopreserved
Donor # _____ sperm in storage at the Heartland Fertility & Gynecology Clinic.

I/ We acknowledge that no monetary refund will be given and I/We relinquish ownership of said
sample.

I/We acknowledge that my/our consent has been given voluntarily and the consequences have
been fully explained to my/our satisfaction.

DATED this _____ day of _____, 20_____.

SIGNATURE

SIGNATURE

WITNESS

WITNESS