

AUTHORIZATION FOR RELEASE OF CRYOPRESERVED SEMEN

I / We have been participants in the In Vitro Fertilization Program at North Hudson IVF Center. My / Our cryopreserved semen has been stored at North Hudson IVF Center with the intention of use to generate a pregnancy.

I / We, _____ and _____

no longer wish to participate in the In Vitro Fertilization Program at North Hudson IVF Center. Accordingly, we wish to remove from North Hudson IVF Center a total of _____ vials containing cryopreserved semen. I / We have been advised that removal of the semen from the North Hudson IVF Center may jeopardize their viability and/or developmental potential of the sperm. Furthermore, we have been advised that in order to maintain viability and developmental potential, the semen must remain in a frozen state during transport and if they are allowed to thaw during transport, the sperm may no longer be capable of initiating a pregnancy. We understand and agree that once the cryopreserved semen has been removed from the premises, North Hudson IVF Center is no longer responsible for maintaining the viability and developmental potential of the sperm.

Patient's Signature

Date

Partner's Signature

Date

Semen was released on ___ / ___ / ___ at _____ am/pm by:

Print Name

Signature