

# NOTIFICATION TO DISPOSE OF CRYOSTORAGE SPECIMENS

ARIZONA REPRODUCTIVE MEDICINE SPECIALIST

(602) 343-2767 – Fax (602) 343-2766

1701 East Thomas Road – Building 1 – Suite 101 – Phoenix, AZ 85016

If you request that gametes or embryos be disposed of please be sure to fill out the entire form including a current phone number so that we may confirm your request. Requests to donate or dispose of embryos that are owned by more than one party **must be notarized by both parties or both parties (the couple) must come in and have their decision and signature witnessed.** Only the owner of the sperm (the male in most cases) needs to sign for disposal of sperm. Only the owner of the eggs (the female in most cases) needs to sign for disposal of eggs. These criteria are to protect your interests. If you have more than one vial of cryopreserved specimens, be sure that the listed specimens are the ones you desire to have donated or disposed. If you have any questions, please refer them to our Laboratory Director (602) 343-2767.

Patient name: \_\_\_\_\_

Specimen Type: sperm /eggs/ embryos (circle one)

Phone Number: \_\_\_\_\_

The following request applies to:

- ALL of the above listed specimens.
- Only the following specimens (list each vial #): \_\_\_\_\_

I wish that my specimens are disposed of as follows: (CHECK ONLY ONE)

- Proper destruction of the above specimen(s).
- Specimen(s) are donated to use for quality control or research and may not be used in any procedure that may result in a pregnancy (specimens may be destroyed if specimens do not meet research criteria).
- Embryos are to be donated) for the purpose of attempting to establish a pregnancy in another patient. We understand that this option is not active until all steps of the donation process listed on the "Embryo Donation Request Form" are completed. We understand that it is our responsibility to obtain the form, sign it under appropriate witnessing conditions, have an ARMS representative sign it and return a completely executed copy to us. We understand that we are responsible for all storage fees under the original terms of the prevailing cryostorage agreement incurred up until we receive a completely executed "Embryo Donation Request Form". We also understand that in the absence of our receiving a copy of a fully executed "Embryo Donation Request Form", all obligations and conditions stipulated in our existing agreements with ARMS remain in force.

By: Client (Print) \_\_\_\_\_

SSN# \_\_\_\_\_ )

Signature (Client) \_\_\_\_\_

)SS:  
County of \_\_\_\_\_ )

(Complete below if this applies to embryos where there is joint ownership)

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me a notary public, the undersigned officer, personally appeared

Client's Partner (Print) \_\_\_\_\_

\_\_\_\_\_, known

Partner's Signature \_\_\_\_\_

to me (or satisfactorily proven) to be the person whose name is subscribed

Date: \_\_\_\_\_

to the within instrument, and acknowledged that he executed the same for

Address: \_\_\_\_\_

the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Phone: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_