

**Place Patient Sticker Here*

Name: _____
MRN: _____
DOB: _____

CONSENT FOR DISPOSAL OF FROZEN SEMEN

I, _____, _____, (person who owns the specimen (s), referred to herein as “Patient”) own semen specimen(s) which are frozen for storage at the Emory for Reproductive Center of the Emory Clinic, Inc. (referred to herein as “Emory”).

I, Patient, no longer desire to maintain storage of the frozen semen and hereby instruct Emory to thaw and dispose of all such semen specimens belonging to me.

I, Patient, attest that these instructions concerning disposition of my frozen semen represent my present desires and that any prior instructions given to Emory concerning storage and disposition of these materials are null and void.

CONSENT

I, Patient, understand that the instructions given in this document are irrevocable. That upon receipt of this document, Emory will act upon the instructions given herein, the results of which are not reversible. I accept the conditions, risks and limitations associated with these instructions. I therefore voluntarily consent to Emory acting upon my instructions to thaw and dispose of my frozen semen specimens. I am 18 years of age or older.

RELEASE

I agree to absolve, release, indemnity, protect and hold harmless the Emory Clinic, Inc., its officers, directors, agents and employees from any and all liability for any adverse outcome, however remote, arising from disposal of my frozen semen specimen(s) as instructed herein.

PATIENT SIGNATURE DATE TIME

PATIENT IDENTIFICATION: (filled out by staff member)

Type Viewed: _____ Exp. Date: _____ Confirmed on Date: _____

STAFF MEMBER – NAME & TITLE STAFF MEMBER – SIGNATURE DATE TIME

OR

NOTARY – PRINT NAME NOTARY – SIGNATURE DATE TIME
SEAL

Instructions to Patient

In order for this consent for disposal of the semen to be acceptable, we must receive a copy of the notarized form from the Patient. This form can be sent via patient portal. Alternatively, the Patient may sign this form in the presence of an Emory Reproductive Center clinical staff member with a state-issued ID.