

Disposition of Semen/Testis Tissue

Male Name _____ DOB _____

Partner Name _____ DOB _____

Cryobank Name _____ Donor # _____
(if applicable)

I choose to have my cryopreserved semen/testis tissue sample(s) stored at Fertility Storage, Inc (FSI) thawed and disposed of following laboratory policies and in a manner consistent with professional and ethical standards and applicable laws.

Male Name _____

Patient Signature _____ Date _____

MCFW or Fertility
Storage Inc Signature _____ Date _____

OR

Notary _____ Date _____