

CONSENT TO DISCARD SPERM OR TESTICULAR TISSUE

Reproductive Science Center, One Forbes Road, Lexington, MA 02421 (781) 674-1270

Name

Date of birth

PLEASE ENTER OWNER'S NAME AND DATE OF BIRTH IN BLOCK CAPITAL LETTERS IN THE ABOVE SPACE.

My notarized signature indicates my directive that all of my sperm or testicular tissue specimens in cryogenic storage at the Reproductive Science Center are to be discarded.

To discard only specific specimens, please contact the Reproductive Science Center at (781) 674-1270.

The Process of Discarding Cryopreserved Sperm or Testicular Tissue

For storage in liquid nitrogen, each specimen was combined with a cryoprotectant solution and sealed within a plastic tube (vial). Each vial is labeled permanently with the owner's name, date of cryopreservation and a sequence number. The specimens you have elected to discard will be identified independently by two embryologists, removed from the liquid nitrogen in which they have been stored and allowed to reach room temperature before being disposed of as medical waste. Each vial remains sealed and the sperm or any cellular material is used for no other purpose.

Consent to Discard

I have considered the alternative of retaining these specimens in cryogenic storage indefinitely and find this alternative to be unacceptable. I understand that once removed from liquid nitrogen in the manner described, these specimens will be rendered immediately and irreversibly nonviable and be no longer available to me for the purpose of attempting to fertilize oocytes and establish a pregnancy.

Being the rightful owner of the cryopreserved specimens, I hereby instruct the Reproductive Science Center to discard these specimens using the procedure described to me. I have been afforded the opportunity to discuss my decision in this regard with the staff at the Reproductive Science Center.

I understand that this document must be notarized to ensure that my identity has been confirmed, and that the Reproductive Science Center will act on this instruction without further confirmation.

Owner

Date

**NOTARY PUBLIC SHOULD SIGN AND STAMP
IN THIS AREA TO RENDER DOCUMENT VALID.
This document cannot be accepted without notarization.**

Witness

Date

If signed outside the Reproductive Science Center, this signature ***must be notarized***.
Notarization is not required if the owner comes to RSC with government-issued photo identification and signs with a representative of our practice.