

The A.R.T. Institute of Washington, Inc. at Walter Reed National Military Medical Center

CONSENT TO DISCARD CRYOPRESERVED SEMEN

I, _____, being the rightful and legal owner of the semen specimens specified herein and hereafter referred to as the "specimens", no longer wish to retain these specimens for my use in attempting to establish pregnancy.

The specimens I wish to have discarded were placed in storage at The A.R.T. Institute of Washington, Inc. at Walter Reed National Military Medical Center and are specified as follows:

Date Received at WRNMMC: _____

Date(s) of Cryopreservation: _____

Total Number of Units: _____

Cryopreservation Facility: _____

Specimen Identifier: Name: _____

Location: _____

ID: _____

I direct that **all** of the specimens specified herein be discarded.

I hereby authorize an ART Institute of Washington, Inc. staff member to remove my specimens from cryogenic storage. I understand that removal of these specimens from cryogenic storage will render each non-viable and therefore no longer available for the purpose of attempting to establish a pregnancy. My decision is to remove these specimens from cryogenic storage by the process specified herein. I understand that a **30 day** waiting period is required from receipt of this consent by The ART Institute of Washington, Inc. until the time these specimens are actually discarded.

_____ By initialing here, I hereby authorize the A.R.T. Institute to use my discard samples to perform basic in-house laboratory quality control procedures. These procedures will **NEVER** be used for research or the production of embryos.

(Please note: Consents signed outside the A.R.T. Institute of Washington, Inc. require notarization with a Notary's seal.)

Male Partner or Legal Custodian

Date

Notary

Date and Seal

For A.R.T. Institute Use Only

Discarded:

Technician/Witness

Date

Logbook Updated

Database Updated