

Request Regarding Disposition of Cryopreserved Anonymous Donor Semen Specimens

Fertility and Reproductive Medicine Center (FRMC) - Andrology Laboratory
Washington University Physicians and Barnes-Jewish Hospital

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I, _____ (client depositor) wish to discontinue the storage of my anonymous donor semen specimens. I understand that if I return the completed form in person the Andrology Laboratory will request identification such as a driver's license or other photo ID to confirm my identity prior to discarding my specimens.

If I choose to return the form by mail, I will have my signature notarized and mail the form to:

**Fertility and Reproductive Medicine Center, c/o Janet Willand
4444 Forest Park Ave., Suite 3100, St. Louis, MO 63108**

I request, as indicated by my initials below, that the following be done with the specimens.

Only one option should be selected and initialed:

_____ All specimens be removed from cryostorage and discarded.

_____ All specimens be donated to the Fertility and Reproductive Medicine Center at Washington University and Barnes-Jewish Hospital for scientific research that has been approved by Washington University. If the samples cannot be used for research, they will be discarded.

I no longer wish to have any rights to the donor semen specimens and no longer wish to incur the expense of sample storage. I release and discharge the Fertility and Reproductive Medicine Center at Washington University and Barnes-Jewish Hospital, Washington University, Barnes-Jewish Hospital, and their respective officers, directors, physicians, nurses, employees, and agents from and against any and all liability, causes of action, claims, damages or injuries arising out of or in connection with my decision.

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Reason for Discard _____

Print Client Name _____

Date of Birth _____

Client depositor's signature _____

Date signed _____

Permanent address - Street _____ City _____ State _____ Zip _____

If you are returning this form by mail it must be notarized

STATE OF _____ COUNTY OF _____

I, _____, a notary public do hereby
certify that _____, known to me to be
the same person whose name is signed to this document, appeared before me in person
and acknowledged that he/she signed this document as a free and voluntary act.

Given under my hand and official seal this _____ day of _____.

Notary Public: _____

My Commission Expires: _____ Commission No.: _____

Place Notary Seal above