

# Authorization to Release Semen Specimens

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

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I, \_\_\_\_\_ (client depositor) authorize the Andrology Laboratory at the Fertility and Reproductive Medicine Center at Washington University to release my semen specimens and my laboratory test results that are needed for the use or transfer of my semen specimens.

These specimens will be:

☐ Used for insemination of: \_\_\_\_\_  
Patient name Date of birth

☐ Used for insemination of the oocytes of \_\_\_\_\_ through IVF.  
Patient name

☐ Transferred/stored in another facility for possible designated future use.

\_\_\_\_\_  
Name of physician / facility Phone

\_\_\_\_\_  
Address

I understand that the Andrology Laboratory at the Fertility and Reproductive Medicine Center at Washington University is not responsible for specimens once they have left the laboratory, either during the transfer to another facility or after they have arrived. I agree to release and discharge from any and all liability the Fertility and Reproductive Medicine Center at Washington University School of Medicine, its officers, directors, physicians, nurses, employees, agents, and all other associated persons or entities from any and all causes of action, claims, or damages which may arise out of or result from my request to transfer my cryopreserved semen specimens from this center to another facility.

\_\_\_\_\_  
Print Client Name Date of Birth

\_\_\_\_\_  
Client depositor's signature Date signed

\_\_\_\_\_  
Permanent address - Street City State Zip

Contact Phone Number: \_\_\_\_\_

If you are returning this form by mail it must be notarized. See back of form.

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 signed this document as his 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