wisconsin fertility INSTITUTE

Wisconsin Fertility Institute 3146 Deming Way Middleton, WI 53562
Phone: 608-824-0075 Fax: 608-829-0748

Statement of Disposal of Cryopreserved Semen

We, _____and _____ ("Patient" and "Partner") have cryopreserved semen currently stored by Dr. David Olive and/or Dr. Elizabeth Pritts, his/her associates and/or assistants at the Wisconsin Fertility Institute located at 3146 Deming Way Middleton, WI 53562. By executing this document, we freely and affirmatively provide notice that we no longer wish to continue storing _____ (# of vials) of semen at Wisconsin Fertility Institute.

We execute this Agreement knowingly and voluntarily, and therefore, anticipate no physical or psychological risks as a result of this matter.

In addition to and in furtherance of the above, we release the PRACTICE, and its doctors, employees, agents, and representatives from any and all liability and responsibility of any nature whatsoever for their conduct pursuant to this Agreement and for any adverse consequences which might arise in connection with this matter.

By signing this document, we certify that: (1) we have read and understand all of the information in this document, (2) we have been given an opportunity to ask any questions we have about this matter and have had our questions answered in a manner satisfactory to us; (3) **we understand that this Agreement is IRREVOCABLE**; and (4) we have been given a copy of this document.

Patient Signature: _____ Print Name: _____

Partner Signature: _____ Print Name: _____

NOTARIZATION REQUIRED

The above named Patient _____ and Partner_____, appeared before me this _____day of _____20____, and acknowledged their signatures on this document. Notary Public_____ County & State of_____.

Signed:_____ My commission expires:_____

Office Use Only

Lab Director Initials:_____ Witness Initial:_____ Date_____

Updated 6/2017 CR