



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

Statement of Disposal of Cryopreserved Semen

I, _____ ("Patient") 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, I freely and affirmatively provide notice that I no longer wish to continue storing _____ (#) of vials of semen at Wisconsin Fertility Institute.

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

Patient 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 _____