

**Disposition of Frozen Sperm, Epididymal Aspirate or Testicular Biopsy Tissue
Stored at the Family Fertility Center**

On or about _____, I, _____,
requested and authorized Dr. H. Christina Lee and the Family Fertility Center (FFC) to
place in storage cryopreserved (frozen)

(check the appropriate box(es) for the specific type(s) of specimen in storage at FFC now or in near
future)

- sperm from myself anonymous donor designated donor
 epididymal aspiration
 testicular biopsy tissue

I understand these frozen samples are/will be stored at the FFC for no more than a year. I
further understand I am free to choose any one of the following options for disposition of
my frozen samples upon the expiration of storage agreement with the FFC.

I , _____, hereby authorize Dr. H. Christina
Lee, the Family Fertility Center and its staff to:

(check the appropriate box for your choice of disposition and initial next to the box)

- _____ destroy and discard all frozen samples, effective _____ (date).
 _____ donate all frozen samples to FFC for the sole purpose of laboratory quality
control. I understand that under no circumstance will my sample be used for
reproductive purpose, effective _____ (date).
 _____ transfer these sperm samples to another facility, effective _____ (date).
I am solely responsible to execute all necessary documents from the receiving
facility expeditiously. I agree to send copies of such documents to the FFC so
the transfer can be completed.

I hereby agree that absent an order by a court of law, this agreement and authorization shall
be binding and irrevocable. ***Please provide photocopy of both sides of driver's license for
identification purposes.**

Print name of owner of sperm samples	Signature	Date
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The foregoing was read, discussed, and signed in my presence, and in my opinion the
person signing did so freely and with full knowledge and understanding.

Print Name of Witness	Signature	Date
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