

# NOTIFICATION TO DISPOSE OF CRYOSTORAGE SPECIMENS

## ARIZONA REPRODUCTIVE MEDICINE SPECIALIST

(602) 343-2767 – Fax (602) 343-2766

1701 East Thomas Road – Building 1 – Suite 101 – Phoenix, AZ 85016

If you request that gametes or embryos be disposed of please be sure to fill out the entire form including a current phone number so that we may confirm your request. Request to dispose of specimens **must be notarized by both parties or both parties (the couple) must come in** and have their decision and signature witnessed. These criteria are to protect your interests. If you have more than one batch of cryopreserved specimens be sure that the listed specimens are the ones you desire to have disposed. If you have any questions, please refer them to Dr. Kimball O. Pomeroy (602) 343-2767.

**Patient name:** \_\_\_\_\_

**Specimen Type: sperm / embryos (circle one)**

**Number of Vials:** \_\_\_\_\_

**Date of Procedure:** \_\_\_\_\_ (if applicable)

**Phone Number** \_\_\_\_\_

I hereby request that ARIZONA REPRODUCTIVE MEDICINE SPECIALISTS dispose of the above listed specimens.

I wish that my specimens are disposed of as follows (**CHECK ONLY ONE**):

- Proper destruction of the above specimen(s).
- Specimen(s) are donated to use for quality control or research and may not be used in any procedure that may result in a pregnancy (these embryos or sperm may be destroyed if specimens do not meet research criteria).
- Specimen(s) may be used for quality control, research or donated to a patient (these embryos or sperm may be destroyed if specimens do not meet donation criteria).

**By: Client (Print)** \_\_\_\_\_ )  
\_\_\_\_\_)SS:  
**Signature (Client)** \_\_\_\_\_ County of \_\_\_\_\_ )

**Client's Spouse** \_\_\_\_\_ On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me

**Spouse Signature** \_\_\_\_\_ a notary public, the undersigned officer, personally appeared

**Date:** \_\_\_\_\_, known

**Address:** \_\_\_\_\_ to me (or satisfactorily proven) to be the person whose name is subscribed

\_\_\_\_\_ to the within instrument, and acknowledged that he executed the same for

**Phone:** \_\_\_\_\_ the purposes therein contained. In witness hereof, I hereunto set my hand

**Witness Signature:** \_\_\_\_\_ and official seal.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Notary Public