

REQUEST TO DISCARD FROZEN SEMEN

I _____, Duke Medical Record Number _____, request that the cryopreserved semen specimens collected and stored in my name be **removed from storage** at Duke Fertility Center and **discarded**.

This request applies to the following specimen(s):

DISCARD THE FOLLOWING VIALS OF SPERM:

Date(s) Frozen:	Vial Number(s):

Please list the best two phone numbers where you can be reached if we have any questions.

1. _____ 2. _____

PLEASE NOTE: Your signature at the bottom of this document must EITHER be signed in the presence of a Notary Public OR be witnessed by a member of the Duke Fertility Center Laboratory Staff.

State of _____
 _____ County

Sworn to and subscribed before me this
 the ____ day of _____, 20____

Notary Public _____

Witnessed by _____
Duke Fertility Center Lab Staff Only

Print _____

Date _____

 Name (print)

 Signature

 Date