

DIRECTION FOR DISPOSITION OF FROZEN SPERM

(Check the box that applies)

Discard

I, the undersigned, having previously consented to cryopreservation of sperm at Abbott Northwestern Hospital's Andrology Laboratory, now request that the surplus cryopreserved sperm be discarded.

I understand that by choosing to discard the sperm no offspring will result. I freely, voluntarily, and willingly direct and authorize Abbott Northwestern Hospital and its agents to discard all of the cryopreserved sperm and release Allina Hospitals and Clinics d/b/a Abbott Northwestern Hospital and all their trustees, directors, officers, employees and agents from all claims of any nature arising from or related to the discarding of the sperm.

Transfer

Transport the frozen sperm to the facility named below. I understand that the Allina Hospitals and Clinics d/b/a the Andrology Laboratory and Abbott Northwestern Hospital are not responsible for any damage to the frozen sperm that may occur during or after transport, and I release it from any liability for the same.

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Print Name

Social Security Number or date of birth

Signature

Date

Daytime Phone Number

Please sign in our presence or have notarized

On this ____ day of _____, 20____, before me, personally appeared _____, known to me to be the person described in and who executed the foregoing instrument, and severally acknowledged that they executed the same.

Notary Stamp Here

Notary Public (if not signed in our presence)

State of _____ County of _____

My commission expires: _____

Laboratory witness, if applicable: _____

Drivers License number: _____