

The Fertility Center of Colorado

6160 Tutt Boulevard, Suite 210
Colorado Springs, CO 80922
(719) 636-0080 FAX (719) 636-3030

**CONSENT FOR DISCARD OF
CRYOPRESERVED SPERM**

(Please Print) We, _____ and _____, authorize Eric H. Silverstein, M.D. and such assistants as they may designate to:

YOU MUST CHOOSE OPTION 1 OR OPTION 2, SECTION MUST BE COMPLETED IN FRONT OF NOTARY:

OPTION 1: Please discontinue storage, thaw and discard all frozen sperm we have stored at the Fertility Center of Colorado. **Do not use for research.**

Wife Signature _____ SS# _____ Date _____

Husband Signature _____ SS# _____ Date _____

OPTION 2: Please discontinue storage, thaw and discard all frozen sperm OR use sperm for research. Research may include thawing the sperm and use for training technical personnel, or allowing technical personnel to practice micromanipulation procedures. Research will not include transferring the sperm to another couple or using the sperm to fertilize another couple's eggs. The sperm will be discarded as soon as research is completed. *Research enables our center to continue to improve in assisted reproductive procedures in order to improve pregnancy rates. We appreciate you choosing this option.*

Wife Signature _____ SS# _____ Date _____

Husband Signature _____ SS# _____ Date _____

I, _____, a Notary Public do hereby certify that on this _____ day of _____, _____, personally appeared before me _____ and _____ who each by me first duly sworn, and declared that they are the persons who signed the foregoing document, and acknowledge before me that the statements therein are true.

Notary Seal

Notary Public
Commission Expires: _____