

Authorization to Release Semen Specimens

Fertility and Reproductive Medicine Center - Andrology Laboratory
Washington University Physicians and Barnes-Jewish Hospital

I, _____ (client depositor) authorize the Andrology Laboratory at the Fertility and Reproductive Medicine Center at Washington University to release my semen specimens and my laboratory test results that are needed for the use or transfer of my semen specimens.

These specimens will be:

Used for insemination of: _____
Patient name Date of birth

Used for insemination of the oocytes of _____ through IVF.
Patient name

Transferred/stored in another facility for possible designated future use.

Name of physician / facility

Phone

Address

I understand that the Andrology Laboratory at the Fertility and Reproductive Medicine Center at Washington University is not responsible for specimens once they have left the laboratory, either during the transfer to another facility or after they have arrived. I agree to release and discharge from any and all liability the Fertility and Reproductive Medicine Center at Washington University School of Medicine, its officers, directors, physicians, nurses, employees, agents, and all other associated persons or entities from any and all causes of action, claims, or damages which may arise out of or result from my request to transfer my cryopreserved semen specimens from this center to another facility.

Print Client Name

Date of Birth

Client depositor's signature

Date signed

Permanent address - Street

City

State

Zip

Contact Phone Number: _____