



**ColumbiaDoctors**

**Columbia University** 5 Columbus Circle PH Floor New York NY 10019

P: 212-314-8825 Fax: 212-314-8801 Email: [fertility-lab@cumc.columbia.edu](mailto:fertility-lab@cumc.columbia.edu)

## **Consent For Sperm Disposition**

Dear Patient,

See below for the consent for SPERM disposition. Please read the statements carefully and select one of the options. Be sure to keep a copy for your record.

Disposition forms that are incomplete or contain errors will be considered invalid and new disposition consents will be issued (storage fees will apply until the consenting process is complete and approved).

For EMBRYO Disposition, please email request to [fertility-lab@cumc.columbia.edu](mailto:fertility-lab@cumc.columbia.edu)

**Thank you,**

**Laboratory Team**

**Please mail completed form to:**

Attn: Andrology Lab@ Columbia University  
5 Columbus Circle PH  
New York, New York 10019  
**See email and fax info above.**



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### Consent For Sperm Disposition

I, \_\_\_\_\_ no longer wish to continue storage of my  
**Print Full Name**

cryopreserved sperm sample (s) at Columbia University. I authorize Columbia University laboratory staff to remove the sperm sample(s) from cryogenic storage for discard in my absence. I understand that all of my stored frozen sperm will be destroyed and will no longer be available for use. I understand that this consent must be signed and witnessed by a notary.

I would like to (*check one option*):

Discard all of my cryopreserved **ANONYMOUS/DIRECTED DONOR** sperm sample(s)  
*Must be completed and signed by FEMALE PATIENT only.*

Discard all of my cryopreserved **CLIENT DEPOSITOR** sperm sample(s)  
*Must be completed and signed by MALE PARTNER only.*

**Patient Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*\*Date must match notary date*

<p><b>NOTARY</b> State of _____ County of _____</p> <p>On this _____ day of _____, 20_____, before me personally appeared _____ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.</p> <p>_____ Notary Public</p>
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### CUFC Personnel use only

Witnessed by: Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Identification Used \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tissue Bank Director: \_\_\_\_\_ Date: \_\_\_\_\_