Clinical Release of Semen Form

Date (mm/dd/yyyy): _____/ _____/ _____

Patient / Co-Parent Information

_____ Patient Name (include middle name if applicable)

_____ Partner/Spouse or Co-Parent Name (if applicable):

_____ Patient Date of Birth (mm/dd/yyyy)

_____ Partner/Spouse or Co-Parent Date of Birth (mm/dd/yyyy)

Semen Specimen Type for Release

(Please select all that apply)

☐ Anonymous Donor IUI / Intrauterine Insemination Vials (Gradient washed; 0.5cc volume)
☐ Anonymous Donor ICI / Intracervical Insemination Vials (Unwashed; 1.0cc volume)
☐ Anonymous Donor IUI / ICI Vials: ART / IVF / ICSI Quality
☐ Directed Donor / Sexually Intimate Partner IUI Vials
☐ Directed Donor / Sexually Intimate Partner ICI Vials

I am referring (Patient's Name) _____ to Cryobank America, to obtain semen specimens for an assisted reproductive procedure. I have informed the patient named above, of the risks and limitations of said patient's procedure and have authorized the patient to obtain the specimens from Cryobank America.

My patient understands that there are inherited risks and limitations of the patient's procedure, and that genetic or infectious disease screening can reduce this risk, but understands and acknowledges that the risk cannot be eliminated entirely. This form is valid for two (2) years from date listed above.

Authorization

My patient has agreed to the terms above and that all specimens obtained are for her personal use only.

Physician Name: _____ Physician Signature: _____

License Number: _____ State Issued: _____

Facility Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Website: _____

Contact Name: _____ E-Mail: _____

This document may be emailed, faxed, or mailed to our office once completed.
Phone: (817) 945-8708 FAX: (817) 549-5179
E-Mail: info@cryobankamerica.com Subject: Clinical Release
Mailing Address: Cryobank America (attn: Forms)
3050 S. Center St. Suite 100
Arlington, TX 76014-2153

Please keep a copy for your records

Cryobank America (CA) Proprietary document. Unauthorized use or distribution without prior CA consent is prohibited.