

UI Healthcare - North Dodge
Andrology Laboratory
Authorization to Discard Frozen Semen

I, _____, wish to discard all vials of my cryopreserved semen stored at the UI Healthcare - Andrology Lab. I understand that upon discarding the cryopreserved semen, UI Healthcare - Andrology Lab will no longer charge for storage of these vials.

(Signature of Patient)

(Date)

(Patient Name, please print)

(Hospital Number)

Patient's Current Address:

Street Address

City, State Zip

Return Form by:

Email: OBGYN-RT-IVFLabs@healthcare.uiowa.edu

By Fax: (319) 384-8353

By Mail:

UI Healthcare North Dodge
Andrology Laboratory
Attn: Amy ET Sparks, Director
1360 N Dodge Street – Suite 2000
Iowa City, IA 52245-6104

NOTE: *If you do not receive a confirmation letter reflecting your discard request within two weeks, contact us at 319-467-5299 to confirm receipt.*