Centre for Reproductive Medicine





Sperm disposal tick list

Ī	Patient Name:		
,	Address:		
I	Date of Birth		
Please be a	ns below MUST be completed ware that if you have previously consented to training, this e disposal process	may be included	
	te your wish for your stored frozen sperm: option only		
Allowed to perish			
Donate to research Now complete the 'Indicators of oocyte and embryo development' consent form			
Please sta	te which sperm samples this applies to - Tick or	ne option only	
All sperm samples, from all cycles			
Only certain sperm samples (see below)			
If only certain sperm samples, please specify:			
	TION: You MUST include a copy of photo identification		T
We have enclosed proof of identification e.g. passport or driving license <i>(please tick)</i>			
DECLARAT	ION – Please SIGN below		
Patient signa	ature	Date	

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Note: This document is not controlled if printed.