

Consent Form

Sperm disposal tick list

Patient Name:
Address:
Date of Birth

All sections below MUST be completed

Please be aware that if you have previously consented to training, this may be included as part of the disposal process

Please state your wish for your stored frozen sperm: <i>- Tick one option only</i>	
Allowed to perish	
Donate to research Now complete the 'Indicators of oocyte and embryo development' consent form	
Please state which sperm samples this applies to - Tick one option only	
All sperm samples, from all cycles	
Only certain sperm samples (<i>see below</i>)	
If only certain sperm samples, please specify:	

IDENTIFICATION: You MUST include a copy of photo identification	
We have enclosed proof of identification e.g. passport or driving license (<i>please tick</i>)	

DECLARATION – Please SIGN below	
<i>Patient signature</i>	<i>Date</i>