

ADVANCED FERTILITY SERVICES, P. C.

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NYSDOH PFI: 5006

Labcode: 7093A670

CLIA ID No.: 33D0697586

ANDROLOGY LABORATORY

**AGREEMENT TO STORE DONOR
CRYOPRESERVED SEMEN**

I, _____, and my spouse/partner,

(Print full name)

_____ agree to have my/our donor semen

(Print full name – if applicable)

purchased by me/us from _____ stored at

(Print cryobank name)

Advanced Fertility Services, P. C. (AFS), as a back up for Assisted Reproductive procedures. It is understood by us that this semen can only be stored at Advanced Fertility Services for a short period, not to exceed six (6) months under any circumstances. Advanced Fertility Services is not a sperm bank for long term storage of semen; therefore, any unused semen will be discarded at the end of the six (6) month period unless I (we) take possession of it before that time.

Husband/Partner Signature

Date

Wife/Partner Signature

Date

Witnessed By

Date