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Provider Authorization to Release Frozen Donor Semen Samples to Patient

In accordance with Cryobiology, Inc.'s accrediting agency standards, release of frozen donor semen specimens directly to a patient requires authorization from the referring physician/provider to document that the patient is using the specimen under care and guidance of the physician/provider. The referring physician/provider's signature on this form indicates that the patient listed is currently a patient under the physician/provider's care and direction and authorizes the patient to receive, transport, and/or use a frozen donor semen specimen from Cryobiology. Cryobiology assumes no responsibility for final use of the specimen.

I authorize Cryobiology to provide frozen donor semen specimen(s), at the request of the listed patient below, directly to the patient for the purpose of establishing a pregnancy. I understand the authorization indicated on this form will be honored by Cryobiology until the expiration date or the number of refills listed below is fulfilled.

Date of Request: _____

Patient Name: _____ DOB: _____

Number of specimens per pickup/shipment: _____

Expiration Date of Request/Number of Refills: _____

Provider Name (print): _____

Provider Office: _____

Physician/Provider Signature: _____