



International Cryogenics, Inc.

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Patient specimen release form

I hereby authorize International Cryogenics, Inc. to release my semen specimens that are currently stored at ICI to the following physician to be used at his or her discretion and direction. This form authorizes release of all information pertaining to my specimens including the results of blood tests and cultures. Also, the physician utilizing said specimens shall be permitted to notify ICI of the outcome of said use including method(s) used and resulting pregnancies.

Physician's Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# including area code: _____

Recipient's Name utilizing specimens: _____

I release International Cryogenics and its employees of all liability pertaining to shipping accidents and loss of said semen specimens caused by any factor outside of their facility. If all specimens banked are to be shipped, International Cryogenics strongly recommends the specimens be divided into at least two separate shipping containers and sent on separate days.

Signature _____ Date _____

Print Name _____ Date of Birth _____

Notary _____ Date _____

County _____ Commission expires _____