

INTERNATIONAL CRYOGENICS INC.

32121 Woodward Ave #205 Royal Oak, MI 48073 Ph (248)397-8449 Fax(248)397-8392

PATIENT SPECIMEN RELEASE FORM

I HEREBY AUTHORIZE INTERNATIONAL CRYOGENICS, INC. TO RELEASE MY SEMEN SPECIMENS THAT ARE CURRENTLY STORED AT I.C.I. 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 .

physician's name (please print)

address

city state zip

_____(_____)_____
phone # including area code

Name of Recipient 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 AT THE SAME TIME, INTERNATIONAL CRYOGENICS STRONGLY RECOMMENDS THE SPECIMENS BE DIVIDED INTO AT LEAST TWO SEPARATE SHIPPING CONTAINERS.

signature

date

print name

Notary

date

County

Commision expires