Form 203h

University of Iowa Hospitals and Clinics
In Vitro Fertilization-Reproductive Testing Laboratories (IVF-RT Labs)
Attn: Amy ET Sparks, Director
Department of Ob-Gyn, Room 40012, Bldg. PFP
Iowa City, IA 52242
Phone: (319) 384-8354
Fax: (319) 384-8353

Authorization to Discard Frozen Semen

I, _____, wish to discard all vials of my cryopreserved semen stored at the RT-IVF labs. I understand that upon discarding the cryopreserved semen, University of Iowa Hospitals and Clinics IVF-RT Labs will no longer charge for storage of these vials.

_____ _____
(Signature of Patient) *(Date)*

_____ _____
(Patient Name, please print) *(Hospital Number)*

Patient's Current Address:

_____
Street Address

_____
City, State Zip

Please Note:

- You may mail or fax your signed consent to the address and fax number given above.
- RT-IVF Labs will send you a confirmation letter indicating your discard request has reached our office. If you have not received a letter within three weeks of mailing, please contact us at 319-384-8354 to confirm receipt.