



## **SPECIMEN DESTRUCTION AUTHORISATION**

*The signed and dated original destruction authorisation together with a copy of your Identity Document or Passport must be received by Cryobank at our address given below in order to complete your request.*

The purpose of this Authorisation is to document the Client's permission and authorisation for the permanent and irretrievable destruction of his/her stored specimens.

I, the Client want all specimens stored by Cryobank, destroyed. Destruction of the specimens means the specimens are thawed with no further action, which will result in their permanent and irretrievable destruction.

I assert that I have the authority to request the destruction of the specimens because I legally own the specimens.

With full authority, I request that Cryobank destroys all the specimens currently in storage. I fully understand that my destruction request is irrevocable and final. The specimens will be permanently and forever destroyed.

This consent supersedes and takes precedence over any other disposition document signed by me, including consent to treatment documents prepared by the physician or clinic providing assisted reproduction medical services or storage facilities, including any Storage Agreement with Cryobank currently on file at Cryobank

By signing this document and returning it to Cryobank, I authorise Cryobank to destroy all specimens presently in storage at Cryobank.

I authorise Cryobank to destroy all straws/vials of my specimens presently in storage at Cryobank



**Semen Destruction Authorisation Form:**

**Name** .....

**ID/Passport No.**.....

**Address**.....

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.....

**City**..... **Postal Code**.....

**Country**.....

**Telephone No.**.....

**E-Mail address**.....

**Signature**..... **Date**.....