



AUTHORIZATION TO RELEASE FROZEN SEMEN

I am referring (patient's name) _____ to the Fertility Center of California (FCC), to obtain semen specimens for an assisted reproduction procedure.

I authorize her to obtain the specimens directly from FCC and I understand that it is a policy of FCC to renew this authorization annually.

I have informed her of the risks and limitations of her assisted reproduction procedure and that genetic screening can reduce this risk to some extent, but it cannot eliminate the risk entirely.

Please provide vials for the following purpose:

- Intracervical Insemination (ICI/standard) vials.
- Intrauterine Insemination (IUI/pre-washed) vials.
- Assisted Reproductive Technologies (A.R.T.) vials.

My patient has agreed that all specimens obtained from FCC are for her personal use only.

Physician /Nurse Practitioner Signature:

Date:

Physician/Nurse Practitioner Name:

Phone:

Fax: