



NOTICE OF INTENT TO CONTINUE OR DISCONTINUE STORAGE FERTILITY CENTER OF CALIFORNIA

Name: _____ Notice Date: _____

Address: _____

Thank you for allowing Fertility Center of California (FCC) to cryopreserve your specimens. Your storage fee is now due. Please advise us of your intention to continue or discontinue storage. **Please note that we cannot discontinue your storage with a phone call.**

YES I wish to continue storing my cryopreserved semen at FCC for:

_____ \$70/1 month _____ \$200/6 months _____ \$350/1 year
_____ \$600/2 years _____ \$900/3 years _____ \$1250/5 years

- a) Enclosed is a check for \$ _____
- b) Charge my credit card \$ _____ (all major credit cards accepted)
Account # _____ Exp. _____
Signature: _____

NO I do not wish to continue storing my cryopreserved semen at FCC. I hereby authorize FCC to dispose of all semen vials, which belong to me under my name. If this request is received within 30 days of the end of your contract, your account balance will be adjusted to zero. Otherwise you are responsible for storage fees up to the date we receive this notice.

- a) Notification in Person:
Patient's Signature _____ Driver's License # _____
FCC Staff _____ Date _____
- b) Notification by Mail:
Patient's Signature _____ Driver's License # _____
Notarization:
Notary Signature: _____
Printed Name: _____ Date _____
Commission Expires: _____
Recommendation: Return by certified or registered mail, or follow-up with a phone call in a few days to verify receipt of Destruction Notice.

FOR OFFICE USE ONLY

Director's approval to dispose of semen vials: _____ Date _____
Vials disposed: _____ (qty.) on _____ (date)
Technologist _____ Witness: _____