

**Fort Worth Fertility, P.A.**  
**Texas Reproductive, LLC**  
1800 MISTLETOE BLVD.  
FORT WORTH, TX 76104

**CONSENT FOR SPERM DISPOSITION**

We, \_\_\_\_\_ and \_\_\_\_\_, the undersigned Patient and Partner, understand that cryopreserved sperm are now being maintained in a frozen state at Texas Reproductive, LLC. It is our wish to make a disposition of the sperm at this time; specifically, we have decided not to maintain the sperm for our own future use.

We have been informed that the following alternative is available to us:

\_\_\_\_\_ 1. We wish that our sperm be thawed, with the express desire and intent that the thawing process leads to their degeneration.

We acknowledge that the physicians of Texas Reproductive, LLC have offered to transport the processed sperm back to us so that we might have a chance for future conception; we have specifically declined to accept this option.

Please note that this form must be filled out in the presence of and notarized by a Notary Public.

With our signatures, we hereby relinquish all rights and interest in our cryopreserved sperm.

\_\_\_\_\_  
Patient DATE  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC DATE

\_\_\_\_\_  
PARTNER DATE  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC DATE