



NOTICE FOR SPERM STORAGE

To Whom It May Concern,

According to our records, you currently have sperm in our storage facility at *Carolina Conceptions (CC)*. We are requesting a response on whether or not you would like to continue storage.

If you would like to continue to store your sperm, please indicate this by marking the appropriate box below. Please return this sheet along with payment made payable to *Carolina Conceptions* or call 919-782-5911 x102 with credit card information.

If you are receiving this letter on behalf of a deceased individual, please contact Sandra Lee, at slee@carolinaconceptions.com to discuss your options.

If you do not want to continue storage, please indicate this by marking the appropriate box and sending this form back to *Carolina Conceptions*. We cannot discard any specimens without this consent form **NOTARIZED** and returned to us.

Please address the envelope to the attention of **Sandra Lee**.

KEEP: I **do** want to continue sperm storage (specify type below). I understand that for storage to be continued, I must pay the annual storage fee per the enclosed invoice.

Patient sperm

Anonymous/Direct donor sperm

DISCARD: I **do not** want to continue sperm storage (specify type below). I understand that upon receipt of this letter, all specimen(s) related to this invoice will be destroyed.

Patient sperm

Anonymous/Direct donor sperm

(With this selection, this consent must be notarized)

Printed Name: _____ Date of Birth: _____

Patient Signature & Date: _____

YOU ONLY NEED OBTAIN A NOTARIZED SIGNATURE IF YOU ARE DISCARDING YOUR SPECIMEN(S)

_____ County, of _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of principal

Date

Official Signature of Notary

Official Seal

_____, Notary Public

Notary's printed or typed name

My commission expires: _____