

Karande and Associates, S.C. doing business as

InVia Fertility Specialists

Authorization to continue/discontinue specimen storage

I, _____ (name and SSN), authorize that my semen Specimen(s) in cryopreservation at InVia Fertility Specialists be (initial **ONE** option below)

_____ **DISCARDED** by a member of InVia Fertility Specialists embryology team and I will NOT hold them liable for destruction of the sample.

_____ **STORED FOR A FURTHER 12 MONTHS.** I understand that I will be billed \$300.00 per year for the continued storage.

If we do not hear from you, we will assume you would like continued storage of the samples and will send you a bill for the continued storage of the cryopreserved semen sample.

Note: If you are unable to have this consent witnessed by a staff member of InVia Fertility Specialists the consent MUST BE NOTARIZED or they will be considered invalid and the storage fee will continue.

All of our questions regarding InVia Fertility Specialists consent for disposal or continued storage of our Cryopreserved semen have been answered. I have read the consent and acknowledge receipt of a copy of this consent.

Date	Signature of patient	Patients name- Print
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As one of the members of InVia Fertility Specialists by my signature indicates that the foregoing consent was read, discussed and signed in my presence.

Date	Signature of InVia Fertility Specialists Witness	Witness name Print
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NOTARY PUBLIC

State of _____, County of _____, I, undersigned, A Notary Public in and for the said County in the State aforesaid: Do Hereby Certify that

(patients name). Personally known to me as the same person whose name are subscribed to the forgoing document appeared before me this day in person, and acknowledged that he and/ or she signed, sealed and delivered that said document free and voluntary act, for the use and purpose therein set forth.

Given under my hand and official seal this _____ day of _____, 20____.
Commission expires on: _____, 20____.

(Notary Seal)

(Notary Public Signature)_____