

Authorization to Discard Semen Samples

I, _____, currently have the following sperm samples stored at IDANT Laboratories:

Specimen Date	Accession Number	Can Number	No. of Units/Vials
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____

I hereby authorize IDANT Laboratories to discard specimens listed above. I understand that, with this authorization, I will no longer be responsible for any further storage charges. I also understand that I will be forfeiting all future claims to these specimens for my future use.

Please indicate the reason for discarding.

The signing of this form must be witnessed by either a member of IDANT Laboratories' staff or a notary public.

(Improper witnessing of this signature will render this form invalid, and the client will continue to incur storage fees.)

Sign Here

▶	Client Signature	Date
	Client Name (please print)	Social Security Number
		/ /
		- -

▶	IDANT Representative Signature -or- Notary Public Signature	Date
	IDANT Representative Name (please print) -or- Notary Public Stamp/Seal	
		/ /
		- -

For IDANT Laboratories Use Only

Authorization received on: / /

Technician: _____

Billing department notified on: / /

Accounting: _____

I have verified that this authorization was completed properly and the client's signature was properly witnessed. I hereby authorize these samples to be discarded.

Sign Here



Director Signature	Date / /
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As per this authorization, the aforementioned samples have been discarded as medical waste.

Specimens discarded on: / /

Technician: _____

Disposal notice mailed to client on: / /

Technician: _____

Laboratory supervisor: _____

Director: _____