

# Authorization to Discard Semen Samples

**IDANT**  
 LABORATORIES  
 350 Fifth Avenue, Suite 7120  
 New York, NY 10118  
 (212) 330-8500  
<http://www.idant.com>

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.

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**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	

