

Authorization to Withdraw Semen

IDANT
 LABORATORIES
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 New York, NY 10118
 (212) 330-8500
<http://www.idant.com>

Depositor Information

▶	Depositor/Donor Signature	Date
		/ /
	Depositor/Donor Name (please print)	Social Security Number
		- -
Address		
Home Phone Number		Work Phone Number
() -		() -

Recipient Information

▶	Recipient (Partner) Signature	Date
		/ /
Recipient (Partner) Name (please print)		

Physician / Clinic Information

Receiving Facility	Contact Person	
Address		
Office Phone Number	Office Fax Number	
() -	() -	
Number of Units	Inseminators	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /

Authorization

I authorize IDANT Laboratories to release my semen specimens, semen analysis, and any test reports to the aforementioned physician or clinic. I understand that there is a five (5) day notification period before my specimens can be released, and that this period shall commence upon IDANT Laboratories' receipt of this authorization letter. The charges involved in withdrawing specimens must be paid before each delivery. **I understand that if these charges, as well as any unpaid storage fees, are not prepaid by the time of shipment, the order will be automatically cancelled.** Therefore, IDANT Laboratories will not be held responsible for missing an insemination of in vitro fertilization (IVF) cycle.

I attest that there exists a sexually intimate relationship between me and the aforementioned recipient.

I release IDANT Laboratories from any liability due to a problem that may arise in the transportation of my specimens that is beyond IDANT Laboratories' control.

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.)

▶	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	
		- -

Inspection Checklist

For IDANT Laboratories Use Only

In accordance with the New York State Regulations and American Association of Tissue Banks (AATB) standards, the following items must be verified prior to shipping.

Specimen Date	Accession Number	Can Number
/ /	_____	_____
/ /	_____	_____
/ /	_____	_____
/ /	_____	_____

Checklist

- 1 All semen straws are intact and show no signs of breaking.
- 2 All the information on the straws matches the information on the processing records.
- 3 The package insert is present.
- 4 The outside of the tank bears an "IDANT Laboratories" label with (a) IDANT Laboratories' address, and (b) the name and address of the consignee.
- 5 The tank has an attached label defining the holding time of the liquid nitrogen tank.

Sign Here



Reviewed By	Date / /
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