

MID-IOWA FERTILITY, P.C.

DIRECTIONS FOR DISPOSITION OF CRYOPRESERVED DONOR SPERM

I/We, _____ and _____, ("Partner 1" and "Partner 2"), acknowledge that I/we are the sole owner(s) of the cryopreserved donor semen currently being stored by Mid-Iowa Fertility, P.C. at my/our request under my/our name(s). I/We hereby provide the following directions regarding the disposition of my/our stored semen, and do hereby revoke any previous instructions given to Mid-Iowa Fertility, P.C. which may be different or inconsistent with these directions.

1. Instructions. I/We wish for Mid-Iowa Fertility, P.C. to dispose of the semen in the following manner (one and only one of the options below must be checked):

_____ A. Ownership of the semen will be transferred to the following named individual to be used in an effort to achieve a pregnancy. I/we agree to pay in advance the fees and expenses, if any, incurred to carry out these directions.

Name of Person: _____

Address: _____

_____ B. The semen will be destroyed and not used for any other purpose, in accordance with the policies of Mid-Iowa Fertility, P.C.

2. Waiver. I/We understand that if I/we choose to have the semen destroyed, I/we hereby waive my/our right to change these directions at any future time.

I/We understand and agree that there will be no refund or credit of any payments made or owed by me/us for the cryopreservation procedure or storage fees to which I previously agreed.

I/We, the undersigned, understand the contents of this document and have had any and all questions answered to my/our understanding.

WHEREFORE, the above named owner(s) has/have hereto set their hand(s) this _____ day of _____, 20____.

Signature of Partner 1

Signature of Partner 2

STATE OF IOWA)
):ss:
COUNTY OF POLK)

This agreement was acknowledged before me on _____, 20__ by _____ and _____.

NOTARY PUBLIC – STATE OF IOWA
My Commission Expires:_____