



SPECIMEN DROP OFF/PICK UP AUTHORIZATION

DROP OFF BY PARTNER

- 1. *If specimen will be brought to the Center for Reproductive Medicine (CRM) Andrology Laboratory by an individual other than the specimen provider, please complete the following:*

I hereby agree to allow _____ (partner) to deliver my specimen to the CRM Andrology Laboratory. I acknowledge that the Laboratory cannot provide any assurances of perform any testing to determine that the delivered specimen is in fact mine.

PICK UP BY PARTNER

- 1. *Authorization to have female partner pick up specimen from the Center for Reproductive Medicine (CRM) Andrology Laboratory located at 2828 Chicago Ave S, suite 450, Minneapolis, MN 55407.*

I hereby agree to allow _____ (partner) to pick up my prepared sample at the above mentioned laboratory and deliver to the ordering physician's office for use with intrauterine insemination.

AGREEMENT FOR USE OF SPERM

- 1. *Agreement to have female partner undergo an intrauterine insemination with the use of the specimen provided by the undersigned male:*

I hereby agree to allow _____ (partner) to undergo an intrauterine insemination (IUI) utilizing my sperm. As such, I agree to undertake any and all parental obligations including any financial obligations for any child (ren) that result from the above-mentioned IUI.

Name of sperm provider (please print) _____ Date of birth: _____

Signature: _____ Date: _____

***This document expires one year from the signature date.**

Please sign in our presence or have notarized

On this ___ day of _____, 20___ before me, personally appeared _____, known to me to be the person described in and who executed the foregoing instrument, and severally acknowledged that they executed the same.

Notary Public (if not signed in our presence)

State of _____

(Notary stamp here)

County of _____

My commission expires: _____

Laboratory Witness (if applicable): _____
Print Sign

Drivers License: _____

Date: _____ MRN: _____