

Strong Fertility Center
500 Red Creek Dr., Suite 220
Rochester, NY 14623
585-487-3378

REQUEST TO RECEIVE CRYOPRESERVED SPERM

I, _____

hereby request that the Strong Fertility Center receive my frozen sperm from
ejaculate/testicular biopsy/MESA or PESA specimen to be transported from:

This voluntary and informed decision is based upon my desire to use the frozen sperm or
testicular biopsy/PESA or MESA sperm for further treatment. If sperm specimen is
frozen and stored at an out of state tissue bank which is not licensed by NYS-DOH then
lab has to obtain a permission from NYS before initiating the transfer.

We have read and understand this consent form, and have had the opportunity to ask
questions, and all questions were answered in a satisfactory manner.

Signature: _____ Date _____

Notary: _____ Date _____