



**Idaho Center  
for Reproductive  
Medicine**



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Re: Cryopreserved sperm storage

We currently have sperm cryopreserved for you in our storage tank. We have stored your sperm because it was either of low count, was retrieved by a surgical procedure or was a purchased donor sample. We are writing to remind you of your frozen sperm and determine what you would like to have done with it. Storage fees are to be paid in advance for the following year. Rate for long term storage is \$300 per year.

We would like to confirm the status of the disposition of these vial(s). Please mark the appropriate statement so we may follow your wishes. If you choose to discard the vial(s), current storage charges will be removed from your account.

Thank you for your timely response.



Continue to cryopreserve the sperm on a yearly basis. We have submitted payment for \$300. The fee is on a year-to-year basis by calendar year. Fees are subject to change. If you choose this option, your signature renews your freezing consent for an additional year.



Please discard all vials of cryopreserved sperm. If you choose this option, **signatures must be notarized or may be witnessed in our office accompanied by a photo I.D.**                      /                     

\_\_\_\_\_  
Patient (Printed name/Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner (if applicable) (Printed name/Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Notary

\_\_\_\_\_  
Date