CryoGam Colorado, LLC

Authorization
For Release of Semen

I am referring _____to CryoGam Colorado, LLC to obtain cryopreserved semen specimens for assisted reproduction. I have informed them of the risks and limitations of assisted reproduction. I authorize them to obtain the specimens directly from CryoGam Colorado, LLC., or to telephone delivery orders to my office as needed. They have agreed that all specimens obtained from CryoGam Colorado, LLC., are for their personal use only. Our office will be performing the insemination procedure, or will instruct them on home insemination*.

Signature of the Healthcare Provider:_____

Date Signed:_____

Telephone Number of Healthcare Provider:_____

Print Name of Healthcare Provider:_____

Address of Healthcare Provider:_____

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*Please Note: Home insemination is not allowed in all states. Please check with your state's regulations regarding this procedure.

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