



## West Valley Fertility Center

YOUR PATH TO FERTILITY

Vladimir Troche, M.D., F.A.C.O.G.  
Reproductive Endocrinology and Infertility  
Medical Director

**RE: DISPOSITION OF FROZEN MATERIAL**

**IF YOU ELECT TO DONATE OR DISPOSE OF YOUR FROZEN GENETIC MATERIAL, PLEASE COMPLETE, NOTARIZE AND RETURN THE ATTACHED FORM TO THE ADDRESS BELOW.**

Date \_\_\_\_\_

Account # \_\_\_\_\_



# West Valley Fertility Center

YOUR PATH TO FERTILITY

Vladimir Troche, M.D., F.A.C.O.G.  
Reproductive Endocrinology and Infertility  
Medical Director

Patient Name \_\_\_\_\_

Partner Name \_\_\_\_\_

## UPDATED ANNUAL CRYOPRESERVATION AGREEMENT

If you wish to continue store your gametes, embryos or sperm please have you and/or partner sign below, return this form and the payment of \$160.00 to WVFC within next 30days. Embryos must have both partners' signatures, sperm male patient signature only.

#of Embryos \_\_\_\_\_ # of Sperm vial(s) \_\_\_\_\_ Cryo Date \_\_\_\_\_

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Name (print)

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Date

**OR**

## DISPOSITION OF FROZEN MATERIAL

If you wish to dispose your frozen material you and/or your partner must initial next to your choice and sign below **in the presence of a notary**. If you choose to donate you are responsible for the accrued storage fee until frozen material(s) are transferred to another facility directed by you. (Embryos must have both partner's initials and signatures, sperm male patient initial and signature only)

#of Embryos \_\_\_\_\_ # of Sperm vial(s) \_\_\_\_\_ Cryo Date \_\_\_\_\_

\_\_\_\_\_  
Initial (female)      \_\_\_\_\_  
Initial (partner)

a) **Dispose:** Frozen material according to WVFC Policy.

\_\_\_\_\_  
Initial (female)      \_\_\_\_\_  
Initial (partner)

b) **Donate:** If you wish to donate embryos to research, another couple or an agency please contact our office with forwarding information within 30 days to avoid accrued storage fee.

\*\*\* WVFC has discontinued our embryo donation program.

\_\_\_\_\_  
(Patient's signature)      \_\_\_\_\_  
Date

\_\_\_\_\_  
(Partner's signature)      \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, a Notary Public, personally appeared know to me or satisfactorily proven to be the persons whose names are subscribed to the instrument for the purposes therein set forth, and that same is their act and deed. AS WITNESS, my hand and Notarial Seal.

Please contact Penny at (602)993-8636 if you have any questions.