

MID-IOWA FERTILITY, P.C.

DIRECTIONS FOR DISPOSITION OF CRYOPRESERVED SPERM

I/We, _____ and _____,
acknowledge that I/we are the sole owner(s) of the cryopreserved semen currently being stored
by Mid-Iowa Fertility, P.C. at my/our request under my/our name(s). I/We hereby provide the
following directions regarding the disposition of my/our stored semen, and do hereby revoke any
previous instructions given to Mid-Iowa Fertility, P.C. which may be different or inconsistent
with these directions.

1. Instructions. I/We wish for Mid-Iowa Fertility, P.C. to dispose of the semen in
the following manner (one and only one of the options below must be checked):

A. _____ The semen will be destroyed and not used for any other purpose in
accordance with the policies of Mid-Iowa Fertility, P.C.

B. _____ Ownership of the semen will be transferred to the following named
individual to be used in an effort to achieve a pregnancy. I/we agree to
pay in advance the fees and expenses, if any, incurred to carry out these
directions.

Name of Person: _____

Address: _____

2. Waiver. I/We understand that if I/we choose to have the semen destroyed, I/we
hereby waive my/our right to change these directions at any future time.

I/We understand and agree that there will be no refund or credit of any payments made or
owed by me/us for the cryopreservation procedure or storage fees to which I previously agreed.

I/We, the undersigned, understand the contents of this document and have had any and all
questions answered to my/our understanding.

WHEREFORE, the above named owner(s) has/have hereto set their hand(s) this
_____ day of _____, 20____.

Owner

Spouse (if applicable)

Signature of Notary

Signature of Notary