

**Semen Storage Client Semen Specimen Ordering Authorization**

This document is for the purpose of the Semen Storage Client to authorize another individual(s) to order semen specimens from their account to be shipped to a physician for the intent of fertilization and pregnancy. This signed and dated original authorization must be received in order to complete the request.

I, \_\_\_\_\_ (Semen Storage Client), hereby authorize the following individual(s) to order semen samples from my account for shipment to a physician. My account number is \_\_\_\_\_.

Change existing account information as indicated below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone #1 (\_\_\_\_\_) \_\_\_\_\_ Telephone #2 (\_\_\_\_\_) \_\_\_\_\_

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

Cryobank will complete

**And/Or**

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone #1 (\_\_\_\_\_) \_\_\_\_\_ Telephone #2 (\_\_\_\_\_) \_\_\_\_\_

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

Cryobank will complete

I further authorize the above individual(s) to order \_\_\_\_\_ (all/number) vials of my semen specimens in any given shipment.

By: \_\_\_\_\_ Date \_\_\_\_\_

(Semen Storage Client Signature)