



**Consent to Destroy Oocytes**

I, \_\_\_\_\_, no longer wish to continue storage of my oocytes with CryoGam Colorado, LLC located at 2216 Hoffman Dr., Unit B, Loveland, Colorado, 80538.

I hereby grant permission and instruct CryoGam Colorado, LLC to destroy all oocytes stored under my name effective immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Notary Statement**

State of \_\_\_\_\_ County of \_\_\_\_\_.

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

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

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

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<b><u>For CryoGam Use Only</u></b>	
Date Received:	
Credit memo given <input type="checkbox"/>	MemTx deleted <input type="checkbox"/>
Verified by:	
Signature: _____	
Date: _____	